

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

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SPECIAL NOTICE TO MEMBERS

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs.

MATTERS REFERRED TO DIVISIONS

British Medical Association SUPPLEMENTARY REPORT OF COUNCIL, 1937-8

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PRELIMINARY

Obituary

181. The following is a supplementary list of Members whose deaths the Association has to deplore:

Mr. JOHN BRIGHT BANISTER. Secretary, 1925, Vice-President, 1935, Section of Obstetrics and Gynaecology.

Dr. HENRY REYNOLDS BROWN. President, Essex Branch. Chairman and Secretary, Mid-Essex Division.

Sir RAYMOND HENRY PAYNE CRAWFURD. Vice-President, Section of History of Medicine, 1932.

Dr. ANDREW DAVIDSON. Representative, New South Wales Branch.

Dr. HENRY BRYAN DENSHAM. Vice-President, Section of Proctology, 1921.

Mr. PERCY FURNIVALL. Secretary, Section of Surgery, 1905.

Dr. MICHAEL GRABHAM. President, Jamaica Branch.

Dr. ARTHUR NORMAN HAIG. Secretary, West Dorset Division.

Dr. JAMES ERNEST HURWORTH. President, Mashonaland Branch. Secretary, Mashonaland Division.

Dr. JAMES ARTHUR RICHARD LEES. Chairman, Doncaster Division.

Dr. FRANK BENJAMIN LEWIS. Representative, Hastings Division.

Dr. JOHN LOCKHART LIVINGSTON. President, Southern Branch. Chairman and Representative, Winchester Division.

Dr. ARTHUR PEARSON LUFF. Vice-President. Member, Committee *re* Research into Causes and Treatment of Arthritis.

Dr. GEORGE ALEXANDER MACDONALD. Chairman, Caithness and Sutherland Division.

Major DANIEL MCKELVEY. President, Hong Kong and China Branch.

Dr. FREDERIC ARCHIBALD HOPE MICHOD. President, Queensland Branch.

Dr. SAMUEL MOORE. Chairman, Leeds Division.

Dr. ALEXANDER WM. NEILL. Chairman and Secretary, Oxford Division.

Dr. WM. HENRY PIMBLETT. Chairman, Preston Division.

Dr. EDWARD SYMES PRIOR. Chairman, Hendon Division.

Dr. WALTER HENRY MAXWELL TELLING. Secretary, Section of Medicine, 1912. Vice-President, Section of Therapeutics and Pharmacology, 1928.

Dr. CHARLES KIRK TOLAND. President, Leicester and Rutland Branch.

Dr. ANNE MERCER WATSON. Secretary, Section of Medical Sociology, 1914.

Dr. DAVID HERMAN WESSELS. President and Representative, Cape of Good Hope Western Branch. Vice-President, Section of Obstetrics and Gynaecology, 1932.

Dr. JAMES WOOD. Chairman, Halifax Division.

Dr. John Adam, Dr. Alfred Keppel Barrett, Dr. John McAlister Boyd, Dr. Cuthbert John Butler, Dr. Alexander John Douglas Cameron, Dr. John Rohan Cameron, Dr. Frederick Ernest Chapman, Dr. Kenneth Chapman, Major Douglas Hamilton Coats, R.A.M.C., Mr. Alan Wellesley Cubitt, Dr. Douglas Edward Darbyshire, Dr. Frank Newstead Deakin, Dr. Archibald Dingwall, Sir Arthur Henry Downes, Dr. David Nathan Eppstein, Dr. John Evans, Dr. Cyril James Gozney Exley, Dr. Frederick Pearson Fisher, Mr. Edward Joseph Fox, Dr. Cecil Hughes Francis-Williams, Dr. Henry Ernest King Fretts, Dr. Nadir Horman Shaw Gandhi, Dr. Devonshire Penrose Hawkes Gardiner, Dr. Claude Alfred Heath Gee, Dr. Louisa Patricia Gordon, Dr. John Ockert Heyns, Dr. Philip Sydney Jones, Dr. Thomas John Moore Kennedy, Dr. John Livingstone, Dr. Thomas Patrick Macdonnell, Dr. Wakefield McGill, Dr. Peter Newton Macgregor, Dr. Arthur Alexander Mackenzie, Dr. Archibald Macqueen, Dr. Wm. Louis Magill, Dr. Francis George Maitland, Dr. James Moncur, Colonel Sir Behramji Hormasji Nanavatty, Dr. Patrick Noonan, Dr. Stuart Patrick Peart, Dr. Frederick Osburne Pilkington, Dr. David Edward Richards, Dr. Evan Williams Richards, Dr. Arthur Donald Roberts, Dr. Robert Boyd Robson, Dr. Thomas Wm. Scale, Mr. John Lelean Scholes, Dr. Alexander Thomas Scott, Colonel Richard Reginald Sleman, Dr. James Louis Edgeworth Somers, Dr. John Spears, Dr. Harry Stark, Dr. Edward Gaved Stocker, Dr. Cyril Patrick Andrew Stranaghan, Dr. Edward Ernest North Surridge, Dr. Gopal Ramchampan Tambe, Dr. Arthur Ernest Terry, Dr. Wm. Thomson, Dr. Charles Albert Trouncer, Lieutenant-Colonel John Johnson Urwin, Dr. George Wade, Dr. George Russell Wadsworth, Dr. Wm. Young.

Representation on Outside Bodies

182. The following is a further list of appointments made by the Council: Governing Body of British Postgraduate Medical School, Dr. F. Gray; Council of the Insurance Institute of London, Sir Henry Brackenbury; Committee of the British Standards Institution on Transformers for X-Ray Purposes, Dr. J. Russell Reynolds.

Special Committee on Mental Health

183. The Council has appointed a Special Committee on Mental Health with the following reference:

To inquire into and report upon the present medical equipment and provision for dealing with mental health in this country, with particular reference to the problems of the treatment and prophylaxis of the psychoneurotic and allied disorders.

The committee is asked to consider the position of psychology and psychological medicine in the medical curriculum and in regard to postgraduate facilities; the extent of the prevalence of the various forms of mental ill-health in this country and its importance in relation to national "fitness"; the results and value of appropriate medical treatment and of ancillary lay services in this field; and the need for an extension and improvement of institutional provision, especially of provision of an out-patient character, with a view to the more effective prevention and cure of mental disorder.

The members of the committee are: Sir Robert Johnstone (President), Sir Kaye Le Fleming (Chairman of Council), Dr. H. Guy Dain (Chairman of Representative Body), Mr. N. Bishop Harman (Treasurer), Sir Henry Brackenbury, Dr. J. A. Brown, Professor Millais Culpin, Dr. R. G. Gordon, Sir Walter Langdon-Brown, Dr. Mary C. Luff, Professor E. Mapother, Dr. Doris M. Odum, Dr. A. A. W. Petrie, Dr. J. R. Rees, Dr. Benjamin Reid, Dr. D. Stewart, and Dr. R. M. Stewart.

Gift to the Association

184. The Treasurer, Mr. N. Bishop Harman, has kindly offered to present to the Association an etching (signed by the artist, W. Macbeth, R.A.) of the picture "The Elixir of Life," to be hung in one of the new committee rooms being occupied by the Association in Tavistock House (South). The Council has conveyed the thanks of the Association to Mr. Harman for his acceptable presentation.

ORGANIZATION

Organization of the Medical Profession in Australia

185. The Council has had under serious and sympathetic consideration representations made by the Australian Federal Council regarding the organization of the medical profession in that country. Owing to the peculiar system of State government in Australia and the rapid developments which are occurring both in the Commonwealth and in individual States in regard to medical legislation, the Federal Council and Branches as a whole are desirous of securing complete autonomy and freedom of action. There is a feeling that this position is not possible under the Articles and By-laws of the Association as at present framed, and in February, 1938, the Australian Federal Council passed the following resolution:

"That the Federal Council, being the representative body of the Branches of the British Medical Association in Australia, realizing by experience the need of complete autonomy and powers for regulating the actions and promoting the interests of the organized profession in the Commonwealth, urges that the Central Council give consideration to the question of amending the Memorandum and Articles of Association and By-laws of the British Medical Association so as to give to the organized profession in Australia full autonomy."

In the view of the Council Oversea Branches are already possessed of a large measure of autonomy under the existing constitution, but being naturally desirous of meeting the legitimate wishes of members in the Commonwealth and in order that any doubt may be removed as to the constitutional position, the Council is taking power to vest in incorporated Federal Councils and in Councils of corporate groups of Branches, powers in all or any respects similar to those exercisable by the Council in this country; in cases where the area of a Federal Council includes incorporated Branches, the Federal Council is to be given power similarly to vest all or any such powers in the Council of an incorporated Branch. The necessary amendments to the Articles and By-laws will be presented to the Representative Body in 1939.

The Australian Federal Council has also raised the question of the financial relationship between the Branches in Australia and the Association in this country. This matter is receiving careful consideration at the hands of the Council.

Accounts of Divisions and Branches

186. Grants to Branches in respect of 1938 have been allocated in accordance with the needs of the various Branches and will be paid in the usual instalments. In this connexion the Council would bring to the notice of Branches in this country with a large membership the arrangement recently made with the Lancashire and Cheshire and Metropolitan Counties Branches, whereby their accounts are operated from the Head Office. This arrangement has worked very satisfactorily in practice and might commend itself to Honorary Secretaries and Treasurers of Branches with a large membership as saving them routine work. Under this arrangement, at a mutually agreed date (the end of the year for convenience) the balance standing to the credit of the Branch is transmitted to the Head Office, which thereupon opens an account in the name of the Branch and credits to this account the instalments of annual capitation grant awarded by the Council as they accrue. Thereafter the accounts of the Branch are paid from the Head Office on instructions being received from the Branch Secretary or Treasurer, but the actual accounts remain in the possession of the Branch. Interest at the prevailing bank deposit rate is credited to the Branch account annually.

Newly Qualified Practitioners and Life Insurance

187. With reference to the following Minute 159 of the A.R.M., 1937:

Minute 159.—Resolved: That the Council be asked to consider what further steps can be taken to impress upon newly qualified practitioners the necessity of making adequate provision by life insurance.

Arrangements have been made for an article impressing upon the medical profession as a whole the vital importance of life insurance to be published in the *Supplement* to the *British Medical Journal*. The pamphlet, "What is the B.M.A.," issued on the instruction of the Council to all newly qualified practitioners, also contains a reference to the necessity of arrangements being made for life insurance; this paragraph has recently been under review and is being amplified.

Lectures to Final-year Medical Students re Intra-professional Customs and Obligations

188. The matter dealt with in the following Minute of the A.R.M., 1937, is under consideration by the Council:

Minute 39.—Resolved: That the Council be requested to approach Universities and other Teaching Bodies with the view to establishing lectures for final-year medical students to instruct them in intraprofessional customs and obligations, and that the lecturer be one who is well versed in the Association policy.

It is believed that some provision for the instruction referred to is already made in many medical schools, but the information in the possession of the Council is not such as to enable it to present a detailed report at the present time.

Medical Defence

189. The Council has had under consideration the possibility of arrangements being made through an insurance company whereby in return for a reasonable premium overseas members could insure for the purposes of individual medical defence. Inquiry was made of the Oversea Branches as to the number of members who would be desirous of taking part in such a scheme if arranged, but the response has not been such as to make it possible to proceed further at the present time.

Visits to Divisions and Branches by Secretaries

190. During the past session forty-one visits to Divisions and Branches have been paid by the Secretaries. Divisions and Branches are reminded that the Council is pleased to arrange for a member of the Secretariat to visit a Division or Branch upon request.

HOSPITALS

Hospital Abuse

191. The attention of the Council has been drawn with increasing frequency to the action of hospitals in making available their facilities to persons for whom they are not intended. This applies with particular force to the out-patient departments. Despite the repeated efforts of the Association to secure that out-patient departments should be consultative in character, there are still hospitals where persons can secure treatment for non-emergency conditions without a letter of introduction from a doctor. In these circumstances the time of hospital staffs may be devoted to the treatment of patients who should be attending their own practitioners, or who, needing special attention, can afford to obtain that attention privately. This position is aggravated at hospitals under arrangement with contributory schemes which have no income limits or, having income limits, do not rigidly apply them. Increased

vigilance on the part of contributory schemes and hospitals is necessary if these hospital abuses are to be brought to an end.

The Association has prepared model letters (a) for the use of the attending practitioner in sending a patient to the out-patient department, and (b) for the use of hospital medical officers when a patient attends without a letter of introduction from the attending practitioner. Since November, 1932, some 300,000 copies of the letters have been distributed. Still wider use should be made of these letters. Except in an emergency all patients presenting themselves at hospital out-patient departments for treatment should be required to present a recommendation from their own doctors. Para. 49 of the Hospital Policy is as follows:

49. Where arrangements for consultations or specialist services for patients are made under some contributory scheme or otherwise, such arrangements should provide that these services shall be given, so far as possible and consistent with the best interests of the patients, by the private practitioner at his consulting-rooms or at the patient's own home, and not at the out-patient department of the voluntary hospital.

With regard to income limits under a contributory scheme the Association states that all persons insured under the National Health Insurance Acts and their dependants, and other persons whose incomes from all sources do not exceed the limits of the adopted scale and their dependants, are eligible for hospital benefit. The following is the Association's suggested scale, subject to economic and local variations and to periodic revision:

Class I: Limit of income £200 a year or £4 a week.

(a) Single persons over 16 years of age.

(b) Widow or widower without children under 16 years of age.

Class II: Limit of income £250 a year or £5 a week.

(a) Married couples without children under 16 years of age.

(b) Persons with one dependant under 16 years of age.

Class III: Limit of income £300 a year or £6 a week.

(a) Married couples with a child or children under 16 years of age.

(b) Persons with more than one dependant under 16 years of age.

There is need, too, of continued pressure upon committees of management on the question of remuneration of staffs. On this subject para. 43 of the Hospital Policy is relevant:

43. Applicants for hospital benefit, not being free patients, whose income does not exceed a specified local scale should be given service on terms appropriate to their financial position, always provided that the payments made shall be understood to be in respect of both maintenance and treatment, and that the visiting medical staff shall receive from the hospital managers remuneration for such service either by salary, by payment for definite services and responsibility, by honorarium, or by agreed payments to a staff fund placed at their disposal.

Recommendation A: That the activities of contributory schemes involve encroachment on private practice except where income limits on the lines of those suggested in the Hospital Policy are rigidly applied and where every applicant for treatment at hospital is required to produce a doctor's letter except in an emergency.

Recommendation B: That the Association's policy of payment of voluntary hospital staffs should be continually urged by hospitals staffs upon committees of management.

Hospital Saving Association Scheme for Persons whose Incomes are just above Hospital Limits

192. Early this year certain proposals of the Advisory Hospital Committee of the Hospital Saving Association, as modified by the Voluntary Hospitals Committee for the County of London, were made known. The net effect of these proposals is the extension of the income limits of the

existing H.S.A. contributory scheme on the following basis. The present limits are in parentheses:

	Per week	Per week
(a) Single man or woman	£5	(£4)
(b) Married couple	£7	(£5)
(c) Married couple with dependants	£8	(£6)

There is in the scheme a paragraph which states that after the total cost of hospital treatment has been made, and subject to the provision of a reasonable reserve, the first charge on the surplus shall include payment to be placed at the disposal of the medical staff. The scheme has been issued by the Voluntary Hospitals Committee to the London hospitals with a recommendation that they should co-operate with the H.S.A. in putting it into operation. The Association was not consulted in the matter, which so intimately concerns hospital staffs, and a letter of protest was sent to the two bodies concerned.

In order that the practitioners affected might have an opportunity of considering the proposals, a meeting of representatives of medical staffs of London voluntary hospitals was held at B.M.A. House in March. One of the resolutions passed deprecated the extension of the H.S.A. contributory scheme without there being any real provision for the remuneration of medical staffs. The meeting asked that the Association should confer with the Voluntary Hospitals Committee for the County of London and the Advisory Hospital Committee to the H.S.A., and draw up a report for submission to a second meeting of representatives of voluntary hospitals medical staffs in London. Representatives of the Association met representatives of these two bodies on May 26. The outstanding difficulties are now referred back to the Voluntary Hospitals Committee for the County of London and the Advisory Hospital Committee of the H.S.A. for further consideration in the light of the discussion, and the Association is expecting to hear from them shortly. The second conference of London Medical Staff representatives will be called at a subsequent date.

A communication has been sent to secretaries of medical staff committees of London voluntary hospitals, conveying the resolutions reached at the first conference and requesting that medical committees should suggest to their boards of management that at present no arrangement be made with the H.S.A. in regard to the proposed extension of income limits. It was advised that any decision on the matter should be deferred until a further conference of representatives of medical staffs had taken place, and until the recommendations of that conference had been considered by medical committees.

The Metropolitan Counties Branch Council, which has also considered the matter, stated that it deprecated any upward extension of the income limits of the H.S.A. contributory scheme.

Private Consultations at the Central London Throat, Nose and Ear Hospital

193. In the January, 1938, issue of the *Contributor*, the monthly periodical of the H.S.A., attention was drawn in a letter to facilities at a London special hospital for a consultation with any member of the active honorary medical staff at a modified fee of £1 1s. for the first attendance and 10s. 6d. for subsequent attendances. The arrangement is for persons of the following income limits, which may be extended in special circumstances:

Married with children under 16	£8 per week
Married without children under 16 or single with dependants	£7 per week
Single without dependants	£6 per week

It is understood that the scheme was submitted to and approved by the honorary medical staff before it was instituted, and that 75 per cent. of the fees received from patients at this clinic is paid to the staff fund, 25 per cent. passing to the hospital for drugs and dressings.

The proposals not only contravene the Association's policy in regard to hospital income limits but involve the wider question of the provision of consultant services at a hospital out-patient department at modified fees. Representations to this effect are being made to the medical staff of the hospital. The Association's views have also been forwarded to the H.S.A., pointing out the differences in regard to place of consultation, income limit, and fee to the medical profession between this arrangement and the one established at the suggestion of the H.S.A. through the machinery of the Consultants List.

Voluntary Hospitals Commission

194. In reference to Minute 142 of the A.R.M., 1937, that the Council should do all in its power by co-operation with the British Hospitals Association and otherwise to secure that the recommendations of the Voluntary Hospitals Commission Report be implemented, certain steps have been taken. The most noteworthy is the revision of the General Medical Service for the Nation. The Association is co-operating with the British Hospitals Association through its two representatives on the Provisional Central Council (P. Macdonald and R. L. Newell), which is now engaged in promoting the establishment of Regional Councils as advocated by the Voluntary Hospitals Commission Report. The paragraph of the Sankey Report relating to the payment of medical staffs has been brought to the notice of secretaries of hospitals and to medical staff committees.

MEDICO-POLITICAL

Public Medical Services : Contract Practice (Continuation of para. 74 of Annual Report)

195. The following paragraphs appear in the Memorandum on the Establishment and Development of Public Medical Services and Model Scheme:

Subscription Rates

16. In fixing subscription rates local conditions must be taken into consideration. It is essential, however, that the Association's policy in regard to contract practice should be observed (see Footnote to Rule 19), and that the subscription rates should ensure that after deduction of the amount required for expenses of administration and collection, the practitioners will receive for each person at risk a sum not less than that paid under the National Health Insurance Acts (including the dispensing fee).

Footnote to Rule 19 of Model Scheme—Subscriptions

(Note: The subscriptions should be such as will ensure the payment, in respect of each subscriber, of a sum equivalent to the capitation rate paid to an insurance practitioner under the National Health Insurance Acts. Where the conditions in any area will not allow of such a rate being paid, the approval of the Council of the British Medical Association must first be obtained.)

These paragraphs are in accordance with the policy of the Association as expressed in the following Minute 109 of the A.R.M., 1920:

"That the Representative Body adopt the following principles as essential to the formation of any schemes for the provision of medical attendance and treatment of uninsured persons:

(1) That, in general, in considering the necessity for obtaining the approval of the Council for schemes for the treatment of uninsured persons upon contract terms, the following principles and conditions must be adhered to:

(a)

(b) Remuneration to be not less than that which is deemed by the Council to be equivalent to that paid in respect of insured persons."

The Council is of opinion that the Memorandum should not contain any references to the capitation fee

paid to medical practitioners under the National Health Insurance Act, and proposes to consider the question of alternative paragraphs for the Memorandum. In the meantime the Council thinks it desirable that the statement of the policy of the Association in this respect should not contain any reference to the National Health Insurance capitation payment.

The Council therefore recommends:

Recommendation: That the following paragraph 1 (b) of Minute 109 of the A.R.M., 1920, be rescinded:

"Remuneration to be not less than that which is deemed by the Council to be equivalent to that paid in respect of insured persons."

Fees for Police Calls

196. The existing policy of the Association with regard to police calls is as follows:

"Fees for police calls should be:

Day calls	7s. 6d.
Night calls	10s. 6d.

A.R.M., 1920, Minute 161."

The Council is of opinion that whilst the above-mentioned fee may be adequate for an examination and report as to drunkenness, the examination of a person charged with being under the influence of drink or a drug to such an extent as to be incapable of having proper control of a vehicle is of a very much more onerous nature. The Council has therefore given consideration to the question of the appropriate fee which should be paid in these cases, and has obtained information through the Divisions as to the fees at present paid, from which it appears that the payment varies from 3s. 6d. for a day call and 7s. 6d. for a night call to £2 2s. in a few isolated cases. Moreover, it has been discovered that in certain instances the amount of the fee depends on whether a charge is subsequently made, and that in some areas a further fee is paid if the accused person is found guilty. The Council recommends:

Recommendation: That where a medical practitioner is called in by the police to make an examination and report upon a person charged with being in charge of a motor vehicle whilst under the influence of drink or a drug to such an extent as to be incapable of having proper control of the vehicle, a fee of not less than £1 1s. should be paid where the call is made between the hours of 8 a.m. and 8 p.m., and £1 11s. 6d. where made between the hours of 8 p.m. and 8 a.m., together with a mileage fee according to the fee ordinarily observed in the district for this purpose, and that the fee paid should be irrespective of any subsequent action.

Fees for Lectures

197. The existing policy of the Association with regard to the question of the fee which should be paid to medical practitioners giving lectures on first aid, etc., to various bodies is as follows:

"Members of the medical profession should be suitably remunerated for teaching subjects in connexion with the public health, such as nursing, first aid to the injured, and hygiene, and the fee adopted by the London County Council of £1 1s. for each lecture is one which appears suitable for general adoption. (A.R.M., 1910, Min. 259.)

A fee should be charged for ambulance lectures given to the British Red Cross Society, and be not less than £1 1s. for each lecture. (A.R.M., 1910, Minute 263.)

When a course of ambulance lectures is desired in order to fulfil or supplement the requirements laid down in Section 29 of the Workmen's Compensation Act, 1923, the fee should be a minimum of £1 1s. per lecture, with an additional fee of 1s. per head for every member of the class in excess of 21. (A.R.M., 1924, Minute 41.)"

It appears to the Council that there is some doubt in the minds of members as to the fee which should be

charged for lectures which are not specifically referred to in the foregoing resolutions, and also that the existing policy is, to a certain extent, conflicting. The Council is of opinion, therefore, that the time is opportune to consolidate the policy of the Association in this respect. The Council recommends:

Recommendation: (i) That members of the medical profession should be suitably remunerated for teaching subjects in connexion with the public health, such as nursing, first aid to the injured, and hygiene; for ambulance lectures given to classes of the St. John Ambulance Association and the British Red Cross Society; for ambulance lectures designed to fulfil or supplement the requirements of Section 29 of the Workmen's Compensation Act, 1923; and for first-aid lectures in connexion with A.R.P. schemes, and that the minimum fee for all such lectures should be £1 1s. for each lecture of one hour's duration, with (except in the case of first-aid lectures in connexion with A.R.P. schemes) an additional fee of 1s. per lecture for every member of the class in excess of 21. (ii) That Minutes 259 and 263, A.R.M., 1910, and Minute 41, A.R.M., 1924, be rescinded.

Procedure under the Workmen's Compensation Acts

198. The Departmental Committee appointed in October, 1935, to consider certain questions arising under the Workmen's Compensation Acts has now published its report. The recommendations of the Departmental Committee with regard to miners' nystagmus agree substantially with those of the Association, and the Council is satisfied, therefore, that there is no cause for further action in this respect.

With regard to the general medical procedure under the Workmen's Compensation Acts, whilst the Departmental Committee has not accepted the recommendation of the Association that the post of Medical Referee should be abolished, it agrees that under the existing machinery the medical referee cannot fill adequately the position he was intended to occupy in the medical administration. The Departmental Committee considers that a single referee should be sufficient for deciding the majority of cases, but that the machinery for giving decisions on the issues in question should be greatly strengthened. It recommends that there should be a right of appeal from the decision of the medical referee to a Medical Appeal Tribunal, and in regard to this Tribunal has, in general, adopted the suggestions of the Association relative to the establishment of Medical Boards.

The Departmental Committee agrees that medical issues should be submitted to a medical authority, and recommends that, except in certain exceptional cases, the right of the employer or workman to arbitrate on medical issues alone should be withdrawn.

The Council is of opinion that while the recommendations of the Departmental Committee, if accepted, will effect a substantial improvement in the general medical procedure under the Act, if the office of Medical Referee is to be continued it is desirable that some system of procedure should be devised whereby each specific case of injury or disease should be referred to the appropriate specialist. Moreover, the Council is of opinion that it is desirable that the power of discretion which the Departmental Committee recommends should rest with the registrar or on appeal with the judge of the County Court, of deciding whether a case should be settled by arbitration, should be strictly limited.

The Council is strongly of opinion that neither the workman nor the employer should have the right of legal representation before the Medical Referee or the Medical Appeal Tribunal.

The Departmental Committee further recommends that a small medical advisory committee should be set up to advise on the appointments to the panel of Medical Referees. With this recommendation the Council is in

agreement, but considers it desirable that this advisory committee should also be consulted with regard to the appointments upon the panel of practitioners to be chosen to serve on the Medical Appeal Tribunal.

The Departmental Committee has made no reference in its report to the desirability of making provision for ascertaining the subsequent condition of a workman in receipt of compensation for a scheduled disease and the revision of a case in which a certificate of disablement has been given, as recommended by the Association. Nor has it made any recommendations on the problem of "light" work, being of opinion that this question can more appropriately be dealt with by the Interdepartmental Committee on the "Rehabilitation of Persons injured by Accident." The Council proposes to make representations on the above-mentioned questions at the appropriate time.

Payment of Fees for Medical Certificates under the Mental Deficiency, Lunacy, and Mental Treatment Acts

199. The Council has given consideration to the legal position with regard to the payment of fees for medical certificates under the Mental Deficiency, Lunacy, and Mental Treatment Acts. The position regarding the payment of fees for medical certificates under the Lunacy Act is unsatisfactory in that there is no legal provision for payment of a fee when a practitioner conducts an examination without a preliminary justice's order. In practice the justice seldom directs an examination, this usually being arranged by the relieving officer, the justice confining himself to making the order, and from information obtained it appears to the Council that in a large number of cases no fee is paid for examinations under the Lunacy Act where no certificate is granted, and where, therefore, no order is subsequently made.

The Council is of opinion that the remedy lies with the individual practitioner, who may refuse to carry out an examination without a preliminary order from a justice. At the same time the Council proposes to draw the attention of the Board of Control to the present unsatisfactory position.

A local authority in dealing with cases chargeable to it under the Mental Treatment Act would appear to be liable for the payment of a fee to medical practitioners completing recommendations in respect of temporary patients, but from the information received no fee is paid in many areas. In these cases the Council is recommending Divisions to make representations to the appropriate local authority.

The position also appears to be unsatisfactory with regard to the payment of fees to medical practitioners furnishing certificates of mental health in respect of patients discharged on probation. Normally the patient may obtain a certificate from the medical superintendent of the mental hospital, but in cases where this entails a somewhat lengthy journey the patient seeks to obtain the certificate from the district medical officer or a local practitioner, in which case there is no provision for the payment of a fee. The Council proposes to inquire of the Board of Control what facilities in the way of travelling expenses or otherwise are provided to enable patients on probation to secure such certificates.

Fees for Examination of Recruits for Territorial Army (Continuation of para. 87 of Annual Report)

200. The Council has made representations to the War Office that the Department should make such adjustment of the grant to Territorial Army Associations in respect of the medical examination of recruits as would enable the local associations to pay a fee of 5s. therefor.

The War Office has now replied that the grant of 2s. which has hitherto been given only for each accepted recruit shall be made in respect of each recruit examined,

whether accepted or rejected, and the Department has intimated to the Council of County Territorial Army Associations that:

They are making this concession with the full knowledge that in many cases the examination will be carried out by the unit medical officer at no cost to the association. The effect of the arrangement will be to increase considerably the income of associations for this service. The Council desires, however, that associations should be influenced by the overriding consideration that, where a fee is to be paid, the rate to be paid must be a matter for local arrangement between the association and the medical practitioner and must depend on local circumstances.

The Council proposes making further representations to the local associations in the light of this information.

Medical Representation in Parliament

201. In considering the desirability of effecting a closer liaison between the medical Members of Parliament and the Association, it appeared desirable to the Council that medical Members of Parliament should be given an opportunity of attending the A.R.M., thus gaining a closer acquaintance with the policy of the Association, and also securing an opportunity of putting forward their views and problems for the information of members. The Council has therefore invited the Parliamentary Medical Committee to nominate not more than four of its members to attend the A.R.M., with power to speak but not to vote.

Examining Surgeons under the Factories Act (Continuation of para. 92 of Annual Report)

202. The Council has given further consideration to the duties to be performed by Examining Surgeons under the Factories Act, 1937, and is of opinion that it is of the greatest importance that the best use should be made of the information which the Examining Surgeon acquires in the course of his duties. The Council has accordingly made representations to the Home Office that the Examining Surgeon should communicate with the insurance practitioner concerned with regard to any defects requiring treatment found at the time of examination, and, further, that the insurance practitioner should have access to the information in respect of young persons that is contained in the Examining Surgeon's records, as he has in the case of the school medical record.

The Secretary of State has now intimated that he has approved the following scale of fees for the remuneration of Examining Surgeons in respect of duties to be performed under the Factories Act, 1937:

1. For examinations of young persons under Section 99 or Section 81 (4) of the Act with respect to their fitness for employment, the issue or refusal of the certificate (including the issue of any provisional certificate under Section 99 (2) of the Act) and all other duties performed in connexion with the examination:

When the examination is at the factory:

- 5s. for the first and 2s. 6d. for each other person examined on the occasion of any one visit to the factory, and in addition, if the factory is more than two miles from the Surgeon's central point, 1s. for each complete mile over and above the two miles.

When the examination is not at the factory but at the residence of the surgeon, or at some other place appointed by the surgeon for the purpose and approved by the Chief Inspector of Factories:

- 2s. 6d. for each person examined.

2. For examinations in pursuance of special regulations under the Act, making entries in registers, issue of certificates, and the performance of other duties as may be required by the regulations in connexion with the examinations:

- 2s. 6d. for the first and 1s. for each other person examined on the occasion of any one visit to the factory, and in addition, if the factory is more than two miles

from the surgeon's central point, 1s. for each complete mile over and above the two miles.

3. For investigation and report on cases of death, injury, or disease under Section 69 of the Act:

10s. 6d. plus a mileage allowance of 1s. a mile for each complete mile over and above two miles. Subject to a proviso that where the examining surgeon investigates and reports upon two or more cases in which death, injury, or disease arises from the same cause and which he investigates on the same day, the above fee (including the mileage allowance, if any) shall be payable in respect of one case and 5s. in respect of each of the other cases.

Election of Direct Representatives for England and Wales upon the General Medical Council

(Continuation of para. 78 of Annual Report)

203. The Council reports that the present representatives, Dr. J. W. Bone, Sir Kaye Le Fleming, and Dr. H. Guy Dain have been nominated by the Divisions to receive the support of the Association in the forthcoming elections of three Direct Representatives for England and Wales upon the General Medical Council.

Nursing Problems

(Continuation of para. 76 of Annual Report)

204. The Council has now presented to the Interdepartmental Committee on Nursing Services evidence upon the problems affecting the recruitment and training, etc., of nurses. A statement of the evidence submitted was published in the *B.M.J. Supplement* on May 14, 1938.

Public Medical Services and Child Welfare Sessions

205. The Council is of the opinion that through the medium of Public Medical Services an excellent opportunity exists to convince both the public and local authorities that the general practitioner is not only interested in the health services which local authorities provide but is capable of co-operating in their provision, and that the most effective way in which this can be done is by placing at the disposal of subscribers facilities similar to those offered at local authority clinics. The Council urges Public Medical Services, therefore, to encourage members to hold child welfare sessions for the benefit of their subscribing patients.

Seamen's National Insurance Society

206. An increasing number of complaints are being received from medical practitioners both with regard to the inadequacy of the scale of fees of the Seamen's National Insurance Society and in relation to the methods employed by the society in its negotiations with practitioners. The Council feels that the present situation is very unsatisfactory, and proposes to make a full investigation.

Psychological Treatment of Offenders on Probation

207. The Council has given consideration to the question of the psychological treatment of offenders on probation. It would appear that cases are becoming more numerous in which the offenders are the victims of some psychological disorder which may be amenable to treatment. Facilities for treatment are now available in the large centres, and magistrates are recognizing its value. The Probation of Offenders Act, 1907, provides that when the court thinks a charge is proved, but that it is expedient to release the offender on probation, it may make an order discharging the prisoner conditionally. The language of the Act appears amply wide enough to allow the court, with the consent of the offender, to make it a condition of the order that he shall enter a mental hospital as a voluntary patient.

The Council is of opinion that it is desirable in the interests both of the offender and of the public that

psychological treatment should be made available in suitable cases, and considers, therefore, that a psychological assessor should be available to assist magistrates in the selection of cases suitable for treatment.

Dr. J. W. Bone

208. The Council desires to place on record its appreciation of the services of Dr. J. W. Bone as chairman of the Medico-Political Committee over a long period.

MEDICAL ETHICS

Matrimonial Causes Act, 1937

(Continuation of para. 96 of Annual Report)

209. The Council has further considered the position of medical practitioners under Clause 2 (d) of the above Act. It is advised that statements furnished, prior to the hearing of an action, by prospective witnesses to the solicitor engaged in the conduct of the proceedings are prima facie privileged. This would not, however, prevent an action being brought against a practitioner giving information under Clause 2 (d) of the Act by a patient who subsequently recovered, with consequent annoyance, expense, and possible damage to the reputation of the practitioner. The Council is therefore of opinion that if the full co-operation of the medical profession in the implementation of the provisions of the Act is to be secured it is essential that legal protection should be provided for any practitioner whose opinion is sought under Clause 2 (d) similar to that conferred by Clause 16 of the Mental Treatment Act, 1930; also that it is desirable that provision should be made for the appointment of examiners under the court similar to those who act in actions for nullity. Clause 16 of the Mental Treatment Act, 1930, provides that proceedings may not be brought against certifying practitioners for alleged unlawful actions without the leave of the High Court, and the High Court may not grant such leave unless it is satisfied that there is substantial ground for the contention that the person against whom it is sought to bring proceedings has acted in bad faith or without reasonable care. Further, the defendant has the right to be heard against such application when it comes to the High Court. The Council is discussing with the Board of Control and the Medical Committee of the House of Commons the possibility of introducing amending legislation to give effect to the opinion expressed above.

The ethical aspect of the question has also been reviewed, and the Council is of opinion that it would be unethical for a medical practitioner in medical charge of a patient of unsound mind to give to a declared prospective petitioner in a suit for divorce instituted against the patient information which he has obtained as the patient's medical adviser, and that such information should be given only to the guardian *ad litem* or other person responsible for the protection of the patient's interests. The Council has also discussed the ethical obligations resting upon a practitioner asked for an opinion under Clause 7 (c) of the Act, or in regard to a patient who, subsequent to treatment under certificate in a mental institution, has become a voluntary patient in that institution, and is of opinion that in such circumstances the ordinary rules governing professional secrecy apply inasmuch as there is no loss of civil rights on the part of the patient.

Professional Secrecy

210. Arising from comments by the Deputy Chairman at London Sessions as reported in the *Times* of March 24, 1938, the Council has considered the question of the propriety of doctors who have been called in by motorists alleged to be under the influence of drink, entering their conclusions in a report book available to the police.

The Council has expressed the view that any opinion given by a practitioner in such circumstances should be expressed to the person consulting him and should not be entered in the Police Report Book.

HEALTH SERVICES

(Continuation of para. 111 of Annual Report)

General Medical Service Scheme

211. In continuation of paragraph 111 of the Annual Report, the Council has made a minor amendment in order to clarify the meaning of paragraph 101 of the General Medical Service Scheme (Appendix III, Doc. A.R.M.2a). In the final draft the word "most" has been omitted from line 11 of this paragraph. The paragraph as amended appears in the final publication as follows:

The provision of a family doctor for every family would secure for infants and young children the service which the general practitioner is capable of rendering. While this would render unnecessary any other provision for their general medical care, the system of child welfare centres at which mothers can obtain advice and guidance in the care and nurture of their children would continue to be of the greatest value. Instruction in mothercraft and the general care and hygiene of infants, hints on nursing, dressing, and bathing, and regular weighing are of the greatest possible value and can be efficiently undertaken in infant welfare centres. The centres should continue their educational and social work in collaboration with the family doctor. The provision of a family doctor for every child would enable the clinics to increase the value of their work by concentrating on the more positive aspects of health. They should be utilized to a greater extent for investigation into the origin and early manifestations of disease.

212. The Council has considered the following Minute 154 of the A.R.M., 1936:

Minute 154.—Resolved: That the time has now come when the Council should consider the taking of more active steps towards implementing the Association's proposals for a General Medical Service for the Nation.

It has, in fact, taken the recommended steps. It has brought the publication itself up to date in the light of the recent changes in public health law and administration. Through its newly created machinery for public relations it has secured a wider measure of publicity for the proposals than any of the Association's publications have hitherto received. An intensive advertising campaign has reinforced and widened the interest so aroused. Copies of the scheme have been forwarded to the appropriate central and local authorities, and after the Annual Representative Meeting representations will be made to the Ministry of Health and the Department of Health for Scotland.

PUBLIC HEALTH

Superannuation

213. The Council is obtaining actuarial assistance to evaluate evidence to be obtained by the Society of Medical Officers of Health in regard to the superannuation contributions and allowances of public health medical officers as compared with those of other officers of local authorities. If evidence can be obtained as to the disproportionate contributions and allowances of medical officers of health as compared with those of other officers it will considerably strengthen the case for "added years" in connexion with the superannuation of public health medical officers.

Fees for Reports on Ante-natal and Post-natal Examinations

214. The Association's scale for medical practitioners employed part-time by local authorities prescribes the following fees for ante-natal or post-natal examination and report:

- 5s. for each ante-natal or post-natal examination.
- 5s. per case for a report to the local authority if requested by the local authority.

An inquiry has been received as to whether "a report" can be held to mean a single report on a number of examinations. The Ministry has sanctioned payment of a fee for reports on ante-natal examinations in the following terms:

"The conclusion we (the Ministry) have reached is that if a local authority in future propose to pay 2s. 6d. for the report by an insurance practitioner on his ante-natal examination of an insured woman, we would not object to the payment of 2s. 6d. for a similar report in the case of an uninsured woman, in addition to the fee of 5s. for the examination itself."

This applies also to post-natal examinations.

In the view of the Council, the fee of 2s. 6d. approved by the Ministry is payable for a report on each individual examination carried out.

Asylums Officers' Superannuation Act, 1909

215. The Council is taking appropriate steps to draw attention to the anomalies of the existing law relating to the return of superannuation contributions deducted under the Asylums Officers' Superannuation Act, 1909. The wording of the Act appears to create hardship, for while it gives the visiting committee discretionary power to refund an officer's superannuation contributions if he is dismissed or resigns on account of an offence of a fraudulent character or for grave misconduct, in the case of an officer who voluntarily resigns to transfer to another appointment which is not subject to the 1909 Act the visiting committee is not given this discretionary power. An officer who is dismissed for fraud is thus placed in a more favourable position than one who voluntarily resigns.

Local Government and Public Health Consolidation Committee: Food and Drugs Bill

216. The third Interim Report of the Local Government and Public Health Consolidation Committee deals with the law relating to food and drugs, and is accompanied by a draft Bill which continues the important work of the consolidation of the Public Health Law. The Food and Drugs Bill is designed to unify, with a limited amount of amendment, the existing law relating to food and drugs, both as regards the safeguarding of public health and the protection of purchasers from fraud. The Bill simplifies the existing law in the Public Health Code and the Sale of Food and Drugs Code and will replace by its 102 clauses some 250 sections of existing Acts dating back to the early eighteenth century. Clause 16 of the Bill is of particular interest to the profession. It requires medical practitioners, in districts where the section has been adopted, to notify cases of food poisoning to the medical officer of health of the district, a fee of 2s. 6d. being payable if the case occurs in private practice and 1s. if it occurs in the medical practitioner's practice as medical officer of a public body. The acceptance of a fee under the clause will not subject a medical practitioner to any disqualification for being a member of any authority. No action appears to be called for on the part of the Association.

Public Health Appointments

217. From June, 1937, to May, 1938, 549 appointments under the Memorandum of Recommendations (and Scottish Scale) in regard to the salaries of whole-time public health

medical officers were dealt with. In 540 of these instances the appropriate salary was either offered in the first instance or secured after negotiation.

NAVAL AND MILITARY

Representation of R.N.M.S. on the Council

218. The Council recommends:

Recommendation: That Surgeon Rear-Admiral B. Pickering Pick, C.B.E., K.H.S., be elected to represent the Royal Naval Medical Service upon the Council for the period 1938-41.

MEDICAL BENEVOLENCE

219. The following statement shows the amounts collected and distributed through the Charities Trust Fund of the Association during 1937:

	Specially Earmarked			Allocated by Council		
	£	s.	d.	£	s.	d.
Royal Medical Benevolent Fund..	2,011	3	1	1,681	14	10
				(£157 10s. being earmarked for the R.M.B.F. Guild)		
Royal Medical Foundation of Epsom College ..	997	11	6	840	17	6
	(£8 17s. 6d. being earmarked for the Sherman Bigg Fund)			(£78 15s. being earmarked for the Sherman Bigg Fund)		
Royal Medical Benevolent Society of Ireland ..	24	9	0	—		
Sir Charles Hastings Fund ..	550	12	2	—		
	(Including a grant of £400 from the Medical Insurance Agency and a legacy of £50)					

The following are the corresponding figures for 1936:

	£	s.	d.	£	s.	d.
Royal Medical Benevolent Fund..	2,059	17	6	1,596	14	6
Royal Medical Foundation of Epsom College ..	1,074	7	6	798	7	4
Royal Medical Benevolent Society of Ireland ..	31	18	0	—		
Sir Charles Hastings Fund ..	532	3	2	—		
	(Including a grant of £450 from the Medical Insurance Agency)					

Last year the Council reported that the amount collected on behalf of the Medical Charities during 1936 was very slightly less than the figure for the preceding year. This year, as may be seen from the above figures, there has been a further decrease, amounting to £123, in the total sum contributed. Slight fluctuations from year to year are of course to be expected, but when the variation, as in recent years, is consistently in the downward direction, there is cause for grave concern. While praiseworthy results have been achieved in a considerable number of Divisions, there are many areas in which the response to the appeals made on behalf of the Charities continues to be disappointing. The Council hopes that the Divisions will make special efforts, in order that the fall in the annual contributions may be arrested and a substantial increase recorded in future years.

The Council considers it important that the subject of Medical Benevolence should be included in the agenda of the annual meetings of Divisions, in order that members may be reminded of the needs of the Charities and that suitable measures for raising funds may be discussed. A method which has proved effective in a number of Divisions is that of arranging an annual dance or dinner-dance in aid of the benevolent funds of the profession. In at least one area the responsibility of organizing an annual function of this kind has been undertaken with conspicuous success by the ladies of the Division, and doubtless there are many other Divisions in which equally gratifying

results would be achieved if feminine talent were accorded a similar opportunity.

The Council invites attention to an article entitled "Legacies to Medical Charities" which was written by the Chairman of the Charities Committee and published in the *British Medical Journal* of November 27, 1937. It is earnestly hoped that those members who can afford to supplement their annual contributions by making bequests to the Medical Charities will not neglect to do so.

The Council has given careful consideration to the following minute of the Annual Representative Meeting, 1937:

Minute 150.—Resolved: That the following motion be referred to the Council for consideration:

Proposed by Torquay (Ernest Ward): That (with reference to para. 197 contained in the Supplementary Report of Council) the Representative Body is of the opinion that the present method of peripheral collection of subscriptions for the medical charities has failed to produce adequate financial support, and that the time has come for all medical charities, central and in the provinces, to formulate a national unified scheme to cover all the provisions of medical benevolence and to which all practitioners can make one annual subscription.

The principle of co-ordination is already in regular operation between the Charities Committee, the Royal Medical Benevolent Fund, and the Royal Medical Foundation of Epsom College, and in future the application of this principle will probably be further extended. In the meantime the Charities Trust Fund of the Association offers members the opportunity of a single subscription for distribution according to the needs of the various charities.

The Council has given consideration also to the possibility of the Charities Trust Fund becoming a recognized charity for the purpose of the recovery of income tax on contributions paid under a deed of covenant to subscribe for a period of seven years. While this plan is quite feasible, the Council has decided that its advantages would not be such as to justify the labour and expense which its operation would entail. Those subscribers who desire to adopt this plan, whereby their gifts are increased by 33 per cent. at the expense of the State, can easily do so by covenanting with one or more of the Charities direct.

SCOTLAND

Chief Medical Officer of the Department of Health

220. At a meeting of the Scottish Committee held on May 19 Dr. J. M. Mackintosh, the Chief Medical Officer of the Department of Health, attended the meeting by invitation. The chairman welcomed Dr. Mackintosh, and assured him of the committee's desire to co-operate fully with him. Dr. Mackintosh thanked the committee for the opportunity of meeting them. He referred to the friendly relations that existed between the Scottish Committee and the Department of Health, and said it would be his endeavour to consolidate and extend these friendly relations.

Teaching Facilities under the Maternity Services Act

221. On the representations of the Scottish Committee the Department of Health agreed to convene a Conference of the various parties interested to consider the repercussions of the provisions of the Act on the teaching facilities for midwifery. The Conference was held on May 18, 1938, and a useful discussion took place.

OVERSEA BRANCHES

222. The following notes illustrate the work done during the past year by Federal Councils and Oversea Branches and Divisions.

INDIA

In India the general topics of interest are still the Secretary's report on his visit and the reorganization of

the Indian Medical Service. The problem of the means of increasing the usefulness of the Association to the medical profession in India is receiving the serious consideration of the special Committee appointed by the Council. Many difficult questions are involved, but the Council hopes that a satisfactory solution will be found at an early date.

Since the Secretary's visit, and as a result of it, five new Branches have been formed. They are for Bihar, the Central Provinces, Delhi, the North-West Frontier Province, and Sind. Most of the Indian Branches have held regular clinical meetings during the year. In addition, the Punjab Branch has undertaken a certain amount of medico-political work. It has submitted to the Punjab Unemployment Committee a memorandum on unemployment in the medical profession, and it has made representations to the authorities of the North-Western Railway with a view to improving the conditions of service of assistant surgeons. The Branch is considering the practicability of instituting a Benevolent Fund for members of the profession and their dependants. In recording a successful year and well-attended meetings, the Honorary Secretary states: "The Branch Council has always worked like a team, and our relations with each other have been those of members of a happy family."

BURMA

The Burma Branch has submitted to the Burma Medical Council a memorandum on the effect on the medical services of the registration of foreign medical practitioners. It considers that the present system, which is governed by the Excise Act, permits practice by men who have not attained the proficiency expected of medical practitioners. The Burma Medical Council has recommended the amendment of the Excise Act to empower the Inspector-General of Civil Hospitals to grant licences to practise medicine. The Branch Council is not altogether satisfied with this arrangement, and it hopes in the coming year to pursue the matter further.

CEYLON

The Ceylon Branch has this year celebrated the fiftieth anniversary of its formation. The jubilee celebrations took place in July, 1937, and consisted of scientific discussions, medical and trade exhibitions, a garden party, and a dinner. At the last-named the guests included His Excellency the officer administering the government. The Branch has had the advantage of hearing addresses by three prominent medical visitors—namely, Sir Richard Needham, Professor M. J. Stewart, and Dr. C. P. E. Wakeley. The popularity of the Branch's Journal has increased to such an extent that it has been decided to publish it in alternate months instead of quarterly. The Branch has passed a resolution to the effect that it is desirable that the public should be educated to appreciate the early symptoms of malignant disease. It suggests that leaflets should be distributed describing the early signs of malignant disease as they appear in the different sites of the body.

MALAYA

The past year has witnessed the inauguration of the Malaya Branch's new official journal, the *Journal of the Malaya Branch of the British Medical Association*, after the severance of its connexion with the *Malayan Medical Journal*. The new journal includes original scientific articles, case notes, reviews, and information on the work of the Branch.

The numerous medico-political subjects dealt with by the Malaya Branch include fees for visiting estates and mines, fees for giving professional evidence in court, fees for medical examinations for life insurance, and the provision of advice to medical practitioners seeking employment.

HONG KONG

The Honorary Treasurer of the Hong Kong and China Branch reports that the B.M.A. activities have been quiet during the year owing to the heavy work undertaken by medical practitioners in connexion with cholera, typhus, and attendance on refugees.

AUSTRALIA

Meetings of the Federal Council were held on August 19, 1937, and February 10, 1938. At the request of the Director-General of Health the Federal Council has appointed a committee to consider the means of preventing blindness and to prepare suggestions for the consideration of the newly constituted National Health and Medical Research Council. It has offered its co-operation to the Premier of Tasmania in connexion with the Tasmanian Government's scheme for the provision of a whole-time medical service for outlying and sparsely populated districts. While believing that such a service may have very beneficial results, the Federal Council has expressed the opinion that the closest co-operation is necessary between the Government, the medical profession through the B.M.A., and the people. It has also expressed the hope that every effort will be made to minimize the hardship and loss which might be incurred by the medical men already practising in the areas concerned. Dr. J. G. Hunter, the General Secretary, visited Tasmania in September and October, 1937, and had interviews with the Minister for Health on the subject of the future of the medical services.

National health insurance has been an important topic for discussion during the year. Sir Walter Kinnear's report has been considered, and the Federal Council also had an opportunity of discussing the subject with Sir Henry Brackenbury. Resolutions have been passed concerning income limits, content of service, and capitation fees.

A committee has been appointed to consider and report on the desirability and practicability of the establishment of a Federal Emergency Fund "which shall have for its object to assist in maintaining the interests of members of the medical profession in Australia in their relations with Governments and organized bodies of the community, or in consequence of the activities of Governments or organized bodies of the community."

The subject of medical registration has been considered from two aspects. A series of resolutions has been prepared recommending the institution of a system of registration common to all the States. The other point concerns the threatened influx into Australia of European medical practitioners, and especially of foreign practitioners who have obtained a British qualification after only one year's study in the British Empire. The Scottish Conjoint Board has not seen its way to alter its present regulations, and the parent body therefore suggested that the Federal Council should endeavour to persuade the appropriate authorities in Australia to take action similar to that taken by the Secretary of State for Home Affairs in Great Britain. The Tasmanian Government has just passed an Act providing that any person applying for registration shall be in possession of a qualification obtained in a country which has reciprocity with Tasmania, and that the whole of the course of study entitling the holder to his diplomas shall have been carried out in the country granting the qualification.

The fifth Australasian Congress was held at Adelaide in August, 1937, and a number of resolutions were sent by the different sections to the Federal Council. The Paediatric Section recommended that the Council should "make every effort to further the application of the scientific facts of normal child development, mental and physical"; a resolution supported by several sections asked for an investigation of the organization of the treatment of rheumatism infections, and the Section of

Ophthalmology asked for a consideration of the means of securing uniformity of State laws in relation to compensation resulting from eye injuries, and of clinical standards for the guidance of oculists when estimating the percentage loss of vision. The next Congress is to be held in Perth in 1940.

Among the questions of hospital organization considered by the New South Wales Branch is the provision of hospital experience for newly qualified medical practitioners. The Branch Council suggested to the Hospitals Commission that in the public interest a position as a resident medical officer should be made available to every recent graduate. The Commission replied that it would make representations to public hospitals to increase their resident medical staff, and, where a hospital had no resident medical officer but might advantageously employ one or more, financial assistance would be offered. Responsibility for the treatment of private patients in special sections of voluntary hospitals presents the same kind of difficulty in New South Wales as in Great Britain, and the Branch Council has suggested to the Board of Directors of the Royal Prince Alfred Hospital that the rule which precludes the attendance on patients in Gloucester House by medical practitioners other than those on the honorary medical staff of the hospital should be amended. The Board has now arranged that while no cases shall be admitted to Gloucester House except under the care of a member of the honorary medical staff of the hospital, facilities for consultations only on Gloucester House patients may be granted, at the patient's request, to any registered medical practitioner, subject to the approval of the general superintendent.

Evidence was submitted to the Public Service Board in which the Council emphasized the necessity of improving the conditions of service for medical officers. The committee appointed by the Branch Council to investigate maternal and infant welfare has completed its work, and its recommendations will be published at an early date in the *Medical Journal of Australia*.

The Queensland Branch again has a busy year to record. An intensive campaign has been pursued to promote the Branch's policy for a General Medical Service for Queensland, and in connexion with this scheme the subject of national health insurance has been studied. Dr. J. G. Hunter, the General Secretary of the Federal Council of the B.M.A. in Australia, attended an extraordinary meeting of the Branch, and afterwards he and the President, Dr. T. A. Price, made a tour of the coastal districts. Some of the meetings arranged were limited to members of the medical profession and others were designed for representatives of friendly societies, trade unions, hospital boards, local authorities, and dentists. It appeared that the general medical practitioner service with free choice of doctor appealed to the lay audiences.

The Hospital Committee has considered amongst other subjects the new Hospital Act, which requires all appointments of medical officers to hospitals to be approved by the Director-General of Health. The Branch hopes that the Act will help country hospital committees to obtain the services of suitable doctors. It has also expressed the opinion that if the medical services in country districts are to be satisfactory, medical officers must receive fair treatment and adequate remuneration, and it suggests that a full-time medical officer or a medical officer in a district where there is little or no private practice should receive a salary of at least £750 a year.

The Public Health Committee has included Air Raid Precautions in its discussions, and the Rules and Ethical Committee is considering the amendment of the Branch's schedule of minimum fees prepared some years ago for the guidance of members. The Branch also has under consideration the relations of the medical profession with the members of the public. The Secretary of the

Queensland Branch in his report states: "The medical profession and the British Medical Association have figured largely in the Brisbane press during the past year, and it is felt that much misunderstanding could be avoided by a better appreciation of the attitude underlying the ethical principles of the medical profession regarding publicity." The Branch has moved into its new B.M.A. House, which is described as convenient and comfortable. It records its appreciation of the services of Dr. Leslie Gibson, who is retiring from the position of Honorary Secretary which he has held for three years.

The Victorian Branch has had occasion during the year to consider the terms and conditions of service of several sections of the medical profession, including public medical officers and industrial medical officers. Dissatisfaction has been expressed by the Branch on the position of doctors rendering service at the request of the Crown. On the invitation of the Crown Law Department, the Branch submitted to it suggestions relating to death certification, and it is expected that a Bill will shortly be introduced to amend the Registration of Births and Deaths Act. The Branch has endeavoured to obtain for medical practitioners payment for medical services rendered in cases of infectious disease treated in wards maintained by municipal authorities, and in several districts the municipal authorities concerned are accepting the scheme for payment approved by the Branch Council.

NEW ZEALAND

The principal topic of interest to the medical profession in New Zealand at the present time is National Health Insurance. It will be remembered that Sir Henry Brackenbury visited the Branch last autumn to assist the Association in New Zealand to formulate its policy on the subject. During his visit, which lasted twelve weeks, Sir Henry visited all the Divisions and discussed the subject with the National Health Insurance Committee of the Council of the Branch. By arrangement with the Minister of Health he met the Government Investigation Committee, and he also had interviews with several members of the Cabinet and Government officers. The Branch's report states that "his unique experience in health insurance matters was of great value to his colleagues in New Zealand, and was also highly regarded by the members of the Government." With Sir Henry's assistance and advice the National Health Insurance Committee prepared a memorandum which was submitted to the Minister of Health, and this memorandum was made the basis of the first series of discussions between representatives of the Branch and the Ministers of Health and Finance. The negotiations are still in progress.

The Branch is to be represented on the new Medical Research Committee which has been established by the Government to correlate and promote medical research work. New headquarters are to be built on the site of the Branch's former offices.

WEST INDIES

The Jamaica Branch has expressed its appreciation of the services rendered to the island by Dr. Washburn of the Rockefeller Foundation. Dr. Washburn was entertained to a luncheon over which His Excellency the Governor presided, and he was presented with an illuminated address, the signatories to which included representatives of the Jamaica Branch. The Branch deplores the death of Dr. Lucien Milbourne Clark, one of the senior past-presidents, who had rendered valuable services to the Association and the medical profession in Jamaica.

The Southern Division of the Trinidad and Tobago Branch reports regular meetings held each month at the Colonial Hospital.

The British Guiana Branch has considered a number of questions affecting the medical services, including

travelling allowances for district medical officers, on which a memorandum has been submitted to the Government, and fees for giving medical evidence in civil cases. The Grenada Branch has protested against the proposed amendment to the Medical Registration Law, the effect of which would be to give the Governor-in-Council power to admit practitioners with qualifications which are not normally registrable.

SOUTH AFRICA

The tenth Annual Scientific Meeting of the Medical Association of South Africa (British Medical Association) was held at Bloemfontein from September 20 to 25, 1937, under the presidency of Dr. S. M. de Kock, D.S.O., M.B.E. A number of resolutions were submitted by the different sections to the Federal Council for consideration. They concerned the creation of a system of births and deaths registration for non-Europeans in rural areas, the control of bovine tuberculosis, the improvement of the school medical services, and diphtheria immunization. The next Congress is to be held at Lourenço Marques in September, 1938, under the presidency of Dr. Vasco Palmeirim.

Workmen's compensation has occupied much of the time of the Federal Council and of the Divisions and Branches in South Africa, the main point of difficulty being the new schedule of fees for medical treatment by either a general practitioner or a specialist. The schedule is the result of prolonged consideration by a special committee of the Council and of consultation between the Council and the Workmen's Compensation Commissioner. A good deal of give and take has been necessary, and the final schedule must be regarded as a compromise. The medical profession, for example, urged that fees for medical aid should be the same both for European and for native patients, while the Commissioner held that the traditional outlook in South Africa precluded such equality. In the agreed schedule the fees for native patients are still below those for European patients, but they are 10 per cent. higher than in the original schedule.

The payment of hospital staffs continues to prove a difficult problem. While hospital authorities wish to pay honoraria to honorary medical staffs, and on that account to withdraw their representation on the hospital boards, the Federal Council contends that the acceptance of honoraria should not affect the status of the medical staffs, since the amount of the payment bears no adequate relation to the value of the work done.

The Federal Council has considered the advisability and practicability of the establishment of a new Medical Faculty in Pretoria, where Afrikaans-speaking students would receive their medical education in Afrikaans. It decided not to oppose the project provided that the Government was satisfied that a sufficient number of students would avail themselves of the facility.

EAST AFRICA

The East African Branches continue to work in close co-operation with each other, and their journal, the *East African Medical Journal*, is in a satisfactory position.

The Kenya Branch has held regular clinical meetings, and at its annual meeting the subject of instruction for members in anti-gas measures was discussed. It is hoped that a representative of the Oversea Section of the St. John Ambulance Brigade will be able to address the Branch in the near future.

At the request of the Port Manager of the Kenya-Uganda Harbours, the Mombasa Division of the Kenya Branch arranged a series of lectures for the Asiatic staff on first aid to the injured. The Division is also taking up with the Director of Medical Services the question of medical practice in the area by Hakims and Vaidyaas.

The Uganda Branch has considered the admission to associate membership of African licensed practitioners trained in the Medical School for Africans in Uganda.

SUDAN

The Sudan Branch has held regular clinical meetings during the year. It has so amended its rules as to extend certain privileges of membership to practitioners who are licensed to practise medicine in the country but who are not registered or registrable in the United Kingdom. These members will be "associate" members, and in return for a reduced subscription they will be entitled to attend lectures, to take part in discussions on technical subjects, and to receive the *Journal*.

EGYPT

The Egyptian Branch records five successful and well-attended clinical meetings. It expresses its appreciation of the valuable services rendered by its retiring Secretary, Dr. R. A. Gardner, who has held office for 2½ years.

MESOPOTAMIA

The Honorary Secretary of the Mesopotamia Branch has been appointed President of the Iraq Government Committee on Nutritional Research. A determined effort is to be made during the next year to "re-awaken interest in the scientific and social possibilities of the Branch."

ADEN

At the General Meeting of the Aden Branch the hope was expressed that frequent and regular meetings would be held during the coming year and the possibility of obtaining several new members was discussed. A clinical meeting was held in April, 1938, and it is hoped to arrange a lecture demonstration on anti-gas measures. In view of the small numerical strength of the Aden Branch it has been arranged that the secretary shall transact all the formal business, and that he shall call a meeting of the Branch when the number of officers stationed in Aden rises to ten or when he is requested to do so by three full members.

MALTA

The Malta Branch is considering the introduction of ethical rules for the conduct of members, and also a proposal for the amalgamation of the Branch with the Camera Medica of Malta. It has continued to take an active interest in the subject of undulant fever, and this year it has considered the nomenclature of the subject. In October, 1937, a clinical discussion on brucellosis was opened by Dr. D. Forest Huddleson of the Michigan State College, and all medical practitioners and Service medical officers were invited to the meeting.

GIBRALTAR

The Gibraltar Branch records that its average attendance at meetings during the year is the highest since the Branch was reorganized in 1929. Five meetings were held at which lectures and clinical demonstrations were given, and at two of them medical officers from the Fleet attended as guests. The Branch expresses its appreciation of the services rendered to it by Dr. James Lochhead, one of its oldest members, who is now retiring.

PARLIAMENTARY ELECTIONS

(Continuation of para. 180 of Annual Report)

223. Dr. H. C. Boyde, who contemplates standing as a candidate in East Islington, has been promised financial support to the extent of the balance at present standing to the credit of the Medical Representation in Parliament Fund. The Council draws the attention of the Divisions and the Representative Body to the fact that the promised financial assistance will exhaust the Fund.

E. KAYE LE FLEMING,
Chairman.

THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Employment of Assistants

Some interesting observations are contained in a report recently presented by a subcommittee of an insurance committee, which had had under consideration the question whether in certain circumstances the committee should agree to anything other than the full-time employment of an assistant. The following dictum from a report made some time ago by the medical service subcommittee is quoted:

"It appears to us that the extent to which a practitioner employs an assistant is primarily a matter for determination by the practitioner, but he must have reasonable regard to the circumstances of the practice. The matter is not, in our view, free from difficulty, but we consider, in the absence from the Regulations of any precise definition, that the spirit of the requirement is met if a practitioner has a bona-fide arrangement with a salaried assistant whereby he has the first call on the services of that assistant. Any such arrangement should, of course, be such as to secure continuity in the employment of an assistant and an assistant should not be in a position to discontinue his service with the practitioner by whom he is employed without proper notice. It follows as a corollary to the foregoing that, if it were established to our satisfaction in any case that a practitioner had not taken all the steps reasonably open to him to secure continuity of employment of an assistant and has not bona fide employed an assistant continuously in his practice, we should have no alternative but to regard it as a failure on his part to observe the conditions governing the consent to the employment of an assistant, and to recommend that a portion of the extra remuneration which he secures by virtue of the employment of an assistant should be withheld from him, the amount withheld being dependent upon a consideration of the whole of the circumstances and not merely upon an arithmetical calculation."

After considering carefully the somewhat difficult problem involved, the subcommittee in the present case came to the following conclusions:

"We appreciate that it may be argued that a practitioner with an excess of, say, fifty patients over the normal limit will require considerably less assistance than a practitioner with, say, 500 above the limit, but we are unanimously of the opinion that the committee ought not to give consent to the employment of assistants part time, and in consideration thereof to permit practitioners to accept patients in excess of the normal limit. We take the view that a practitioner whose list is at, or above, the maximum permitted to a practitioner working single-handed should have the alternative either of reducing his list to the normal limit or of employing a full-time assistant if he is not entering into partnership with another practitioner. We take the view that the assistant is required not merely to deal with the excess number of patients but to help the practitioner in the general administration of the whole of his insurance medical practice. We are of opinion, moreover, that when consent to the employment of an assistant is given the practitioner concerned should be required to satisfy the committee yearly as to the extent of the assistance he has obtained from the assistant."

A Scottish Problem

The Scottish correspondent of the *Journal of Clerks to Insurance Committees* makes the following entertaining reference to a problem which appears to have caused some concern to the authorities.

"The burgh of Perth Insurance Committee had a question before them lately as to whether rectified benzene, used for removing elastic adhesive bandages, was a proper charge upon the insurance funds of the committee. The medical attendant of a patient in that historic burgh was appealed to for a ruling; the Drug Accounts Committee of Glasgow were consulted, and finally the Department were called in to adjudicate on the problem as a court of final appeal. The decision of the Department was to the effect that such a substance could

not be regarded as a drug required for treatment and therefore, so far as concerned medical prescribing under the Insurance Act, the residue of the elastic bandage after it had served its pharmaceutical purpose might continue to adhere indefinitely to the person of the unfortunate individual who had used it. But the patient was not left without hope. The Superintendent of the Central Checking Bureau stated on unimpeachable authority that the following or similar solvents might be used for removing the bandage: petrol, methylated spirit, liquid paraffin, eucalyptus oil, kerosene, etc."

A Grave Report

It is happily unusual to come across such severe expressions of censure as are contained in the report of a case recently presented to the London Insurance Committee by the medical service subcommittee. The case attracted a good deal of attention in the public press with the usual headlines. The following is a short extract from the report:

"We are unanimously of the opinion that the conduct of the practitioner in connexion with this case was little short of scandalous. On his own admission he visited a patient, whose state led him to suspect the existence of some grave condition. Twenty-four hours later he learned that while the vomiting had subsided she was suffering great pain. He did not trouble to visit her because the husband did not ask him to go, but he contented himself by ordering a sedative mixture. He had no intention at that time of visiting the patient until at least forty-eight hours after the husband had reported this development. The grave condition which the practitioner had suspected was, in fact, present, and on the evening of January 23, some thirty-six hours after he had prescribed the sedative mixture, the practitioner was summoned to visit the patient, who was then beyond human aid. The callous attitude of the practitioner towards the case is reflected in his smoking in the bedroom of the dying woman. He appears to have told both the husband and the nursing sister that the patient, whom he shortly thereafter certified as having died of carcinoma of the stomach, was suffering from double pneumonia. He then 'made a sporting suggestion,' as he called it, that a contribution should be made towards the expenses he had incurred in visiting the insured person. We find it difficult adequately to express our disapproval of his actions throughout the case."

It will be observed that the members of the subcommittee were unanimous in the opinion recorded. The members of the medical profession, through their representatives, have on more than one occasion pointed out to the Department that they yield to no one in their determination to see that the insurance medical service shall conform to the highest possible standards of medical care. It is of interest to note that by a purely fortuitous circumstance the report in this case was presented, in the absence of the chairman of the medical service subcommittee, by one of the medical members. The subcommittee found that the standard of service provided by the practitioner in this case fell "lamentably short" of that required and expected of insurance practitioners; and its recommendations that the practitioner should be severely censured, that a sum of £50 should be withheld from his remuneration, and that the Minister should be invited to consider the desirability of communicating the facts to the General Medical Council, were adopted by the insurance committee, against whose decision the practitioner, of course, has a right of appeal to the Minister.

A meeting of the Kensington Division of the British Medical Association will be held in the Great Hall of B.M.A. House, Tavistock Square, W.C., on Friday, June 24, at 8.45 p.m., when a symposium on "Co-operation within the Profession" will be opened by Sir William Willcox. Viscount Dawson of Penn, Dr. W. A. Daley (Principal Medical Officer, L.C.C.), Dr. James Fenton (President, Society of Medical Officers of Health), Dr. G. C. Anderson (Secretary, British Medical Association), Dr. E. A. Gregg (Chairman, London Panel Committee and Insurance Acts Committee), and Dr. Alfred Cox (Secretary, London Public Medical Service) will take part in the subsequent debate.

Correspondence

EXTENSION OF B.M.A. HOUSE

SIR,—I think we are all proud of our B.M.A. House, and our pride in it is likely to be increased when the new extensions are completed. But may I say, with due deference to those who have suggested the *flèche*, that I think it detracts from the general plan. The spirit, so to speak, is willing, but the *flèche* is weak.—I am, etc.,

London, W.C.1, June 13.

ALFRED COX.

SIR,—As opinions on the proposed extension of B.M.A. House are invited, I venture to give mine as follows. The *flèche* as shown in the design appears too small and insignificant for so massive and fine a building. It is a puny affair: like a pepper pot. If it is considered worth while to incur the expense of a *flèche* as an ornament then one proportionate to the dignity of the building should be provided.

I suggest as a finishing touch a flagstaff instead of the *flèche*, and if a central staff on so large a building looks out of place it might be balanced by two shorter ones to be placed on the end wings.—I am, etc.,

Newton Abbot, June 6.

ARTHUR F. W. KING,
Lieut.-Col. I.M.S. (ret.).

OPHTHALMIC BENEFIT

SIR,—In reply to Dr. Stenhouse Stewart's letter in the *Supplement* of June 4 (p. 351), in which he states that the 10s. 6d. fee was for clinics, whatever may have been intended in the first instance, that fee has now tended to become a recognized one for insured patients seen in private by ophthalmic surgeons. Dr. Stenhouse Stewart has interpreted my letter wrongly if he thinks I am in favour of clinics. I have always been opposed to them, and would like to preserve the principle of private practice. I am certain insured patients would much prefer to consult ophthalmic surgeons as if they were private patients.

I was in practice some considerable time before the National Ophthalmic Treatment Board scheme started, and then the societies always paid a fee of one guinea for their members. If they could pay such a fee then there is no reason why they should not pay it now. The only reason they are not doing so is that we have fixed our fee at 10s. 6d., and societies are not going to pay a guinea for a consultation for their members when such a consultation has been offered to them for 10s. 6d.

I disagree with Dr. J. H. Mellotte that the majority of the cases which have been brought to the ophthalmic surgeon by the National Ophthalmic Treatment Board scheme would have gone to the sight-testing optician. The societies were sending a large number of their members to ophthalmic surgeons long before the National Ophthalmic Treatment Board scheme ever started.—I am, etc.,

Hull, June 4.

W. BAINBRIDGE.

TRIALS OF A SHIP SURGEON

SIR,—In a recent issue of the *Journal* it was announced that the Council of the Association has sent to the Board of Trade a memorandum regarding various matters concerning ship surgeons, including the question of fees chargeable by ship surgeons for attendance on various classes of passengers. One sentence in the memorandum reads: "It would appear that the time has come for steps to be taken to ensure that free medical attendance on board should be confined to the class for which it was primarily intended—namely, the crew and emigrant passengers." With that statement I am in complete agreement, the emphasis being on the word "emigrant."

It happens, though, that the ships on the run between Britain and the United States and Canada during the last few years have not had any emigrants to speak of. The third-class accommodation has been occupied, and still is, by United States and Canadian citizens either going on or

returning from vacation or business or a course of study. For the past six or eight years, in the ships I have been in on the North Atlantic, the third-class passengers for the most part have been prosperous-looking people, the women often being dressed more expensively than I can afford to dress my wife. Many have been college professors, lecturers, members of the various learned professions, technicians, and others, coming over for or returning from a course of study in Britain or on the Continent. The majority, though, have been people on vacation, people who are intending to spend many hundreds of dollars during their trip. Some have brought their own automobiles with them for the purpose of doing an extended tour of the British Isles. One third-class male passenger I am treating during this present voyage (free, of course!) has shown me a draft on a British bank for \$14,000, and he says he has a pension from the United States Government.

These are the kind of people travelling third class on the North Atlantic to-day—people obviously in better financial circumstances than I am. Yet because the Board of Trade still regards all third-class passengers as "emigrants" the unfortunate and envious ship surgeon is obliged to treat them for nothing. To quote the Council's remark: "The time has come for steps to be taken to ensure that free medical attendance on board should be confined to emigrant passengers."—I am, etc.,

ENVIOUS SHIP SURGEON.

LAZY AND INCOMPETENT PANEL PRACTITIONERS

SIR,—At the Congress of the Royal Institute of Public Health and Hygiene held last week in Blackpool, one of the speakers, Dr. H. B. Trumper, saw fit to make an attack on panel practitioners. He is reported in the lay press to have said that "many panel practitioners are lazy and incompetent," and further, in regard to certification of sick workmen, that "industry has been let down so badly by lax certification that it has ceased to honour a doctor's note in this respect." He went on to make the usual suggestions for a State medical service where the patients' "free choice of doctor would not altogether be removed." (The italics are mine.)

The statement that many panel practitioners are lazy and incompetent is a slander, and it is regrettable that such an assertion should have been made. Anybody running an outpatient department in a hospital in an industrial area must be struck by the fact that panel practitioners are interested in their work. They send long introductory letters giving the history of their cases, and they take the keenest interest in the clinical course of their patients. Moreover, if by chance a panel practitioner is lazy and incompetent there is a special machinery for dealing with him, apart from a denunciation at Blackpool. Dr. Trumper's declaration that industry has ceased to honour the certification of the panel doctor need not worry the practitioner. If the panel doctor is satisfied, according to his observations, that he should come to certain conclusions as to the condition of a sick workman, he should state these conclusions and not be concerned about what "industry" thinks.

Dr. Trumper is described in the Press as Group Labour Manager of I.C.I. Metals and late Regional M.O. to Imperial Chemical Industries. Whatever these grandiose titles may mean there is no doubt that the duties implied thereby do not include much contact with clinical medicine or surgery. It is unfortunate, however, that the lay press and public do not understand this. It is deplorable that these public attacks should be made on the rank and file of the profession: the men who are working conscientiously for the good and welfare of their patients, and not with an eye on what some industrial syndicate may think.—I am, etc.,

Manchester, June 8.

HENRY POSTON.

The British Medical Association's revised proposals for "A General Medical Service for the Nation," which were published in the *Supplement* of April 30, have now been reprinted in pamphlet form. Copies of this pamphlet are available free of charge, and may be obtained from the Secretary, B.M.A., Tavistock Square, London, W.C.1.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE,
TAVISTOCK SQUARE, LONDON, W.C.1.

Addresses, etc.

SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).

SUBSCRIPTIONS, ADVERTISEMENTS, etc. (Telegrams: Medisecra Westcent, London).

Telephone numbers of *British Medical Association and British Medical Journal*, Euston 2111 (internal exchange, five lines).

SCOTTISH SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

Irish Free State Medical Union (I.M.A. and B.M.A.): 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

JUNE

- 17 Fri. Science Committee, 2.30 p.m.
- 22 Wed. Building Committee, 11.15 a.m.
- 23 Thurs. Insurance Acts Committee, 11.30 a.m.
Panel Conference Dinner Committee, 2 p.m.
- 29 Wed. Joint Committee of B.M.A. and T.U.C., 11.15 a.m.
A.R.M. Agenda Committee, 2 p.m.
- 30 Thurs. Dominions Committee, 2.15 p.m.

JULY

- 1 Fri. Journal Board, 2 p.m.
- 6 Wed. Llanelly Settlement Committee, 12 noon.

Notice of Annual General Meeting

NOTICE CONVENING MEETING

Notice is hereby given that the Annual General Meeting of the British Medical Association will be held at the Guildhall, Plymouth, on Tuesday, July 19, at 12.30 p.m. Business: (1) Minutes of the last meeting. (2) Appointment of auditors. (3) Report of election of President for 1939-40.

G. C. ANDERSON,
Secretary.

Notice of Extraordinary General Meeting

Notice is hereby given that an Extraordinary General Meeting of the British Medical Association will be held at the Guildhall, Plymouth, on Tuesday, July 19, at 12.30 o'clock in the afternoon, or as soon thereafter as the Annual General Meeting of the Association shall be terminated, when the following resolution, with or without amendment, will be proposed as a Special Resolution:

RESOLUTION

That Article 11, sub-clause (a) of the Articles of Association of the British Medical Association be altered in the manner following:

(i) By deleting in lines 1-3 the words "on the representation of any Division or Branch, and after due inquiry of which" and by substituting therefor the words "after due inquiry by the Council or by any Committee empowered by the Council in that behalf (whether generally or on any specific occasion), of which inquiry".

(ii) By deleting in lines 9 and 10 the words "of such Division or Branch".

(iii) By deleting all the words in that sub-clause from and including the words in line 13 "Provided that" and by substituting therefor the words:

"Provided that such power shall not be exercisable by the Council in the case of a Member or Associate of a Division or Branch not within Great Britain and Northern Ireland and forming part of or being a Corporate Branch or forming part of a Corporate Group or in the case of a Member or Associate of a Division or Branch within an area outside Great Britain and Northern Ireland for which a Federal Council has been formed under the Regulations and By-laws where that Federal Council has been invested with the powers of paragraph (c) of this Article."

By Order of the Council,

G. C. ANDERSON,
Secretary.

Resolutions by Divisions and Branches for the Representative Body

CHIROPODY

Motion by SUNDERLAND: That (with reference to paragraph 59 of the Annual Report of Council) the Association urges all hospitals to establish clinics for the treatment of these cases under the supervision of a competent surgeon.

FEES FOR LECTURES

Motion by SUNDERLAND: That (with reference to paragraph 84 of the Annual Report of Council) the Council be instructed to confer with the central bodies of the St. John Ambulance Association and the British Red Cross Society with a view to fees for lectures being fixed centrally.

DENTAL ANAESTHETICS

Motion by SUNDERLAND: That (with reference to paragraph 90 of the Annual Report of Council) it be referred to the Council to reconsider the Association's existing policy in regard to fees for the administration of anaesthetics for dental operations in connexion with dental benefit under the National Health Insurance Acts to provide that no general anaesthetic should be administered for a fee of less than one guinea.

DIAGNOSIS OF SYPHILIS

Motion by SUNDERLAND: That (with reference to paragraph 117 of the Annual Report of Council) the Representative Body is of the opinion that a blood Wassermann test should be carried out as early as possible as a routine on all women attending ante-natal clinics.

INSTRUCTION OF MEDICAL PRACTITIONERS IN ANTI-GAS MEASURES

Motion by WANDSWORTH: That in the opinion of this meeting the expenditure of B.M.A. funds on the organization of classes on air raid precautions is unjustified, as is also the practice of charging fees for attendance on such courses, and that all such expenses should be a charge on the National Exchequer.

CO-OPTION ON HEALTH COMMITTEES OF LONDON BOROUGH COUNCILS

Motion by WANDSWORTH: That (with reference to paragraph 129 of the Annual Report of Council) the attention of the Minister of Health be drawn to the desirability of legislation to make it possible for medical men to be co-opted on Borough Council Health Committees in the County of London.

CONDUCT OF ELECTIONS

Motion by KENSINGTON and WANDSWORTH: That in elections for Central Council the age and present professional occupation of candidates be stated on the voting paper.

Motion by WANDSWORTH: That the number of consecutive years in which a member should be eligible for election to the Council should be limited.

GENERAL MEDICAL SERVICE SCHEME

Motion by WANDSWORTH: That (with reference to paragraph 101 of Appendix III of the Annual Report of Council) in any scheme for a general medical service advice on infant and child welfare should be provided wherever possible by the patient's own doctor in view of the recognized advantages to the patient of continuity of medical advice and treatment.

PUBLICITY

Motion by NORTH STAFFORDSHIRE: That the Representative Body, while expressing agreement with paragraph 9 of the Annual Report, is disturbed at the numbers of practitioners who are non-members of the Association,

and feels that publicity is also required in respect of this section of the profession, and instructs the Council to advise non-members of the activities of the Association by means of "occasional letters."

GENERAL PRACTICE COMMITTEE

Motion by NORTH STAFFORDSHIRE: That (with reference to paragraph 21 of the Annual Report of Council) it be referred to the Council to consider the necessary amendments of the Schedule to the By-laws to secure that the General Practice Committee should contain a majority of general practitioners and that rural members should be adequately represented.

CONTRACT PRACTICE ARRANGEMENTS WITH FRIENDLY SOCIETIES

Motion by NORTH STAFFORDSHIRE: That the Council be asked to enter into negotiations with the central bodies of Friendly Societies with the object of getting an agreed national minimum scale of fees to be paid for their members, and that the question of contracts be made regular.

ASSOCIATION POLICY

Motion by NORTH STAFFORDSHIRE: That the Association should use every means available to support any section of the members which meets with opposition when trying to carry out the policy laid down by the Annual Representative Meeting.

INFORMATION TO INSURANCE COMPANIES

Motion by WEST SUFFOLK: That the present practice of the issue by medical practitioners at the request of insurance companies of certificates relating to deceased persons not previously examined for life insurance is undesirable in any circumstances, and that the policy of the Association expressed in Minute 74 of the A.R.M., 1937, be referred to Council for reconsideration.

(Min. 74 of the A.R.M., 1937, is as follows:

Resolved: That the Representative Body is of the opinion that where any medical certificate is required by an insurance company in the case of a deceased person not previously examined for life insurance such certificate should be obtained direct from the medical practitioner of the deceased; that it should not be furnished without the previous consent of the nearest available competent relative; and that a fee of not less than 10s. 6d. should be paid by the insurance companies for any such certificate.)

Reconstitution of Leigh Division and Consequential Alteration of Area of Wigan Division

With reference to the preliminary notice as to the above which appeared in the *Supplement* of May 14 (p. 308), notice is hereby given by the Council of the Association to all concerned that as from the date of this notice the Leigh Division of the Lancashire and Cheshire Branch is reconstituted with the following area: Municipal borough of Leigh and the urban districts of Atherton, Tyldesley, and Goldbourne; and the area of the Wigan Division is altered consequentially.

G. C. ANDERSON,

Secretary.

June 18, 1938.

Medical Charities

The following subscriptions and donations were received by the B.M.A. Charities Trust during the period October 1 to December 31, 1937, for allocation to medical charities at the discretion of the Trustees of the Fund (the Council of the Association).

£50.—Cambridgeshire Local Medical and Panel Committee, Dorset Local Medical and Panel Committee.

£40.—Eastbourne Division—proceeds of dance.

£31 10s.—Hon. Treasurer, Belfast Meeting.

£26 5s.—Bedfordshire Panel Committee

£22.—North Glamorgan and Brecknock Division.

£5 5s.—A. B. Rooke.

£5.—W. S. Moore, J. H. P. Paton.

£4 19s.—Plymouth Division.

£3 3s.—G. H. Batterbury and partners, H. C. Caiger, Miss L. M. Dean, late K. G. Fraser per request of Mrs. C. E. Fraser, T. A. Hindmarsh, M. MacNaughton, J. B. Macalpine, Colonel H. Burden.

£2 2s.—T. H. Allport, D. B. Cama, J. H. H. Chataway, T. A. Clarke, W. L. Cuthbert, J. B. Gyle, A. R. Hargreaves, Flight Lieutenant J. Kemp, R. J. Lytle, A. R. N. MacGillycuddy, S. D. Metcalfe, Colonel W. O'S. Murphy, F. J. Nattras, L. M. Scott, C. Shields, J. R. Staddon, R. J. Steeds, W. Stewart, A. H. Turton, Colonel J. J. Urwin, R. A. Welsh.

£2.—Captain A. V. O'Brien, J. H. Thompson.

£1 1s.—E. Allan, V. E. Badcock, A. G. Banks, C. W. C. Bain, H. W. Bainbridge, H. L. Barker, J. E. Basham, C. A. Basker, T. B. Batchelor, T. H. Bates, H. S. Beadles, H. M. Bertie, W. H. Best, J. M. Black, A. N. Bousfield, A. Boyes, A. L. Brough, T. D. Brown, R. Bruce, D. Bunting, B. M. Butters, J. Cairncross, R. S. Caldwell, A. Campbell, O. C. Carter, C. P. Charles, E. A. Chartres, H. W. Clarke, A. A. Cockayne, H. Cookson, A. E. M. Corkell, G. Cowan, H. C. Coxon, A. J. Cross, C. K. Crowther, K. Daniels, W. Davidson, N. S. Deane, H. A. des Voeux, S. Devine, W. H. Dickinson, D. E. Dickson, J. L. Dooley, F. H. Edwards, H. English, R. V. Facey, H. Farncombe, A. P. Ford, E. M. Fraser, S. L. Fraser, T. D. W. Fryer, G. M. Fyfe, J. J. Gilmour, B. Goldstone, E. S. Gordon, B. Graves, J. Gray, A. C. Greenep, W. F. Greer, J. I. Greig, W. P. Grieve, G. Hall, E. W. Hall-Smith, H. A. R. Hamilton, S. W. Hanbury, L. I. Hardy, N. H. R. Hatfield, F. K. Hayman, J. Henderson, K. Henderson, H. Herd, J. M. Heron, G. M. Herriot, C. S. Hillman, L. A. Hiscock, F. R. Hodges, Major-General A. Horton, W. Howat, D. Hyslop, J. Innes, N. Jennings, J. M. Johnstone, R. S. Kay, A. C. Keay, W. B. Keith, G. R. Kennedy, T. Kirsopp, E. Kyle, G. Lawrence, J. J. Liston, D. Loughlin, D. T. McDonald, J. McDonald, W. M. P. McDonald, M. MacEwan, J. B. McGranahan, G. W. McIntosh, J. C. Mackay, W. B. Mackay, N. MacKeith, R. J. MacKeown, P. W. MacLagan, G. T. Maclean, J. A. Macleod, A. G. R. Macpherson, A. Macrae, W. Magill, H. C. Make, H. Marriott, W. Martin, J. M. Maxwell, A. Mead, C. Mearns, H. W. Miller, J. Milligan, J. I. Milne, H. Milne-Redhead, P. J. Montgomery, Surgeon Lieutenant J. G. More-Nisbet, H. B. T. Morgan, W. R. Morison, J. B. Morrison, R. F. Mudie, D. Myles, J. W. Nankivell, V. Norman, W. H. Nutt, D. J. O'Connor, R. Odlum, J. Orr, R. A. Parkhill, W. H. Pope, E. J. Primrose, J. A. Power, O. G. Prosser, L. Raby, W. J. O. Ray, J. A. Reed, R. Hall Reid, G. H. W. Robertson, T. Robson, N. Ross-Smith, C. J. Royston, W. J. Ruddock, R. W. Rutherford, C. R. Salkeld, W. G. Scott, W. H. Scott, D. G. Sharp, E. G. Sherwood, J. M. Smellie, A. Smith, C. E. G. Smith, H. M. Speakin, N. A. Spratt, W. R. Sprunt, A. Stables, A. Stephen, J. P. Stuart, A. I. Steyn, J. M. Stirling, C. P. A. Stranaghan, J. Thomarson, A. G. A. Thomson, R. G. Tuke, J. M. Turner, D. Vaughan, E. P. Vickery, F. F. Ward, W. W. Walker, H. V. Walsh, J. Ware, H. O. Watson, J. K. G. Way, Major-General J. W. West, M. M. Wickham, H. A. Wilson, K. J. T. Wilson, W. R. Wilson, D. G. Wishart, W. J. H. Wood, A. D. M. Young, T. M. Young.

£1.—E. W. Blake, E. C. Bowden, E. S. Bowes, K. M. H. Branson, A. Burton, A. E. Clark, R. C. Colvin-Smith, E. Connell, A. Davidson, V. J. Duigan, R. Evans, W. L. Garner, N. Greeves, A. S. Hendrie, W. C. Hodges, A. G. Holman, A. C. Ingram, D. Isbister, G. S. Keeling, C. A. Lawrence, D. J. M. Legge, A. W. B. Livesay, J. Lorimer, J. Macfadyen, F. N. Maidment, J. Muriel, M. Nicholson, F. J. Nolan, A. Oliver, J. H. Owens, A. M. Paterson, T. Paton, S. V. Pearson, B. B. and J. I. Sapwell, F. M. Sinclair, E. M. T. Sweeney, T. Taylor, I. S. Thomson, E. M. Tyrell, J. H. Ward, L. A. Weatherley, L. M. Weeks, E. S. Williamson, H. F. Wilson, H. C. Wright, W. Wyllis.

17s.—W. H. Mylechreest.

15s.—I. H. McClure.

13s. 6d.—H. B. Martin.

10s. 6d.—K. M. Andrew, N. L. Auchterlonie, R. McL. Banks, R. E. Batson, J. Black-Milne, W. Brackenridge, W. M. Bristow, E. Courtin, F. J. H. Coutts, H. Doberman, C. W. Emlyn, H. Farncombe, F. P. Forrest, W. D. Glynn-Jones, M. J. Houghton, C. W. Kay, M. Kopelowitz, T. G. Longstaff, A. McCall, D. McEachran, K. D. Mackintosh, J. L. McLetchlie, H. A. Macmillan, R. D. Miller, A. M. Milne, Colonel W. O. S. Murphy, F. O'Neill, A. W. Paterson, F. Y. G. Penman, R. J. Perring, J. L. Reeve, A. Reid, R. Risk, A. T. Riechers, D. F. Sanjana, C. Shaw, H. H. D. Sutherland, G. W. Vaughan, F. D. Walker, W. B. Wallace, Commander W. Westcott, A. L. Whitehouse, G. Wilson, M. E. Yate-Edwards.

10s.—P. Banbury, D. W. Bell, C. Campbell, A. W. Connolly, H. Drummond, F. J. Dwyer, G. C. Gaynor, D. A. R. Haddon, S. J. Haylock, J. L. Henstock, H. L. Hoile, J. Kelman, W. F. Lyle, P. P. McKonney, W. McNaughton, P. O'Connell, J. B. Primmer, F. M. Robertson, C. E. Scudamore, Lieutenant-Colonel W. S. J. Shaw, J. H. Smith, T. Sprunt, M. Stewart, G. Swanson, W. N. Walker, C. R. Willans, C. P. Woodstock.

Miscellaneous contributions of less than 10s. each totalled £5 18s. 6d.

Meetings of Branches and Divisions

BATH, BRISTOL, AND SOMERSET BRANCH

At a meeting of the Bath, Bristol, and Somerset Branch, held at Bristol on May 25, with Dr. F. G. THOMSON in the chair, Mr. HAMILTON BAILEY gave a lecture, illustrated by excellent slides, on "The Differential Diagnosis of Swellings in the Neck." Questions were asked by the CHAIRMAN and Miss MAUD FORRESTER-BROWN, and the lecturer replied. On the motion of Mr. H. CHITTY, seconded by Professor A. RENDLE SHORT, a hearty vote of thanks was accorded Mr. Hamilton Bailey for his address.

BOMBAY BRANCH

The following officers were elected at the annual meeting of the Bombay Branch, held at Fort on May 18:

President, Major S. K. Engineer, O.B.E. *Vice-Presidents*, Sir Nasarvanji H. Choksy, K.C.I.E., and Lieutenant-Colonel S. L. Bhatia, M.C., I.M.S. *Honorary Secretary and Treasurer*, Dr. B. B. Yodh. *Representative in Representative Body*, Major H. S. Waters, I.M.S.

The annual report and accounts were confirmed.

BORDER COUNTIES BRANCH: CUMBERLAND DIVISION

The first business of the annual meeting of the Cumberland Division, which was held at Carlisle on May 18, was the election of officers, as follows:

Chairman, Dr. D. C. Edington. *Vice-Chairman*, Dr. Wm. Fraser. *Honorary Secretary and Treasurer and Representative in Representative Body*, Dr. H. J. M. Milbank-Smith. *Assistant Honorary Secretary and Deputy Representative in Representative Body*, Dr. Colin MacLaren.

Dr. P. J. Delahunty, the Home Office instructor for the Newcastle-upon-Tyne centre, attended the meeting and arranged a course of lectures on air raid precautions at the Cumberland Infirmary, Carlisle, and at Maryport Town Hall. The Annual Report of Council was discussed and the representative instructed accordingly.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION

At the annual meeting of the Bournemouth Division, held at Boscombe Hospital on April 29, with Dr. DIXON GREEN in the chair, the following officers were elected:

Chairman, Dr. R. J. Maule Horne. *Vice-Chairman*, Mr. S. Gordon Luker. *Honorary Secretary and Treasurer*, Dr. O. C. Carter. *Honorary Charities Secretary*, Dr. Douglas Grainger. *Representatives in Representative Body*, Drs. Asten, Carter, and J. C. A. Norman. *Deputy Representatives in Representative Body*, Drs. H. V. Mitchell, Gautier Smith, and C. E. P. Markby.

Sir KAYE LE FLEMING, Chairman of Council of the British Medical Association, then gave an address on "The Work of the Association during the Past Year." He first gave an interesting description of the inner working of the Association and the manner in which different matters are brought before the Council for decision. The work of the Association, he said, was ever increasing, and the machinery required constant readjustment to meet these demands and the changing conditions. He instanced the desire of specialist groups of the profession to discuss their own interests and difficulties, and the new machinery whereby the decisions of these sections were fully discussed by representatives of other groups before finally being submitted to the Council. Among other matters mentioned by Sir Kaye were the recent improvements in the *Journal*, the efforts to deal with medical problems in India, and the decision of the Council to embark on a publicity campaign. The latter, he felt sure, would be fully discussed at Plymouth; meanwhile he was prepared to defend the action that had been taken, and also to give proof of the good results of the policy to date. After the address questions were asked by Drs. GAUTIER SMITH, MITCHELL, ASTEN, PRATT, BUCKLEY, and the SECRETARY. The CHAIRMAN then proposed a vote of thanks to Sir Kaye for sparing the time to come and give this address, which had been one of great interest to the Division. Members should congratulate themselves on having "at the helm" Sir Kaye, who, he hoped, would be good enough to give another talk on similar lines to the Division in the future. The vote of thanks was accorded with acclamation.

The Division, at its meeting at Boscombe Hospital on May 25, when Dr. J. DIXON GREEN presided, devoted its time chiefly to the Annual Report of Council. There were good discussions on a number of items, particularly the pro-

paganda scheme, the proposals for "A General Medical Service for the Nation," the recognition of chiropody, and fees for diphtheria immunization. The meeting closed with the installation of Dr. R. J. Maule Horne as chairman of the Division.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION

At the annual meeting of the South-Eastern Counties Division, held at Galashiels on April 27, with Dr. E. M. TYRRELL in the chair, the following officers were elected for the ensuing year:

Chairman and Representative in Representative Body, Dr. A. A. McWhan. *Vice-Chairman*, Dr. W. M. Martin. *Deputy Representative in Representative Body*, Dr. L. G. Campbell. The Honorary Secretary and Treasurer was re-elected.

After an interesting account by Dr. Tyrrell of his experiences in the fifty years that he had been a member of the Association, the Annual Report of Council was discussed.

The SECRETARY reported that agreement had been reached with the public health department of Roxburgh County Council on the question of domiciliary treatment of the poor. A letter was read from the Edinburgh Branch concerning a proposal to change the name of the Division to Merse and Tweeddale and the name of the Branch to Edinburgh and South-Eastern Counties. There was considerable discussion on the inadequacy of the proposed name for the Division, and the secretary was instructed to write and protest at the suggested change. A subcommittee was appointed to meet the county councils in connexion with the new maternity services.

LANCASHIRE AND CHESHIRE BRANCH: BLACKBURN DIVISION

The Blackburn Division, at its annual general meeting at Blackburn Royal Infirmary on May 11, with Dr. R. J. CLARKE in the chair, elected the following officers:

Chairman, Dr. C. M. Geddie. *Vice-Chairman*, Dr. J. H. Fairweather. *Secretary and Treasurer*, Dr. D. O'Driscoll.

The Annual Report of Council was considered and approved in general, and the representative was directed to support the views of the Council.

LANCASHIRE AND CHESHIRE BRANCH: WARRINGTON DIVISION

The following officers were elected at the annual general meeting of the Warrington Division, which was held on May 6:

Chairman, Dr. A. R. Barber. *Vice-Chairman*, Dr. D. Meikle. *Representative in Representative Body*, Dr. A. Anderson. *Deputy Representative in Representative Body*, Dr. C. J. G. Bourhill. *Honorary Secretary and Treasurer*, Dr. W. Grant.

The Annual Report of Council was discussed and the representative instructed. It was agreed to ask headquarters to rearrange the Warrington Division to exclude the metropolitan borough of Widnes and the civil parishes of Ditton, Cronton, and Great Budworth. For some years no members in these areas have attended the meetings of the Division.

A letter from the medical officer of health for the rural district council of Runcorn regarding the immunization of children against diphtheria was discussed. The meeting favoured the scheme, but the secretary was instructed to write to headquarters concerning the suggested number of thirty-three children per session.

SOUTH-WESTERN BRANCH: PLYMOUTH DIVISION

At the annual general meeting of the Plymouth Division, held at Plymouth on May 25, with Mr. C. M. KENNEDY in the chair, a standing consultative committee was formed to confer with the medical officer of health in emergencies and at other times as desired. Dr. MURPHY gave a short report of progress in the organization of the Annual Meeting, and Dr. SCOTT reported on the financial position. The Annual Report of Council was considered. Dr. D. O. Twining was elected representative in the Representative Body and Dr. S. Noy Scott deputy representative. The other officers were re-elected.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH: HEREFORD DIVISION

At the annual meeting of the Hereford Division, held on May 27, the following officers were elected for 1938-9:

Chairman, Dr. W. W. Wilson. *Vice-Chairman*, Dr. A. H. S. Richardson. *Honorary Secretary and Treasurer*, Dr. J. E. Wells.

There was a very large attendance and the meeting was a great success, many matters of interest to the Division being discussed.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Captains E. C. Holtom, O.B.E., to the *St. Angelo*, for Royal Naval Hospital, Malta; H. F. Briggs to the *Victory*, for Royal Naval Hospital, Haslar; J. A. O'Flynn to the *Pembroke*, for Royal Marine Infirmary, Deal.

Surgeon Commanders R. A. Brown to the *Pembroke*, for Royal Marine Infirmary, Chatham; A. C. Shaw to the *President*, for Medical Department, Admiralty; J. C. Sinclair to the *Drake*, for Royal Naval Barracks; R. R. Baker to the *Pembroke*, for Royal Naval Barracks; W. A. Hopkins to the *Drake*, for Royal Naval Barracks.

Surgeon Lieutenant Commanders J. J. Cusack and D. A. Newbery to be Surgeon Commanders.

Surgeon Lieutenant Commanders H. G. Wells to the *Southampton* (June 24), and to the *Victory*, for Royal Naval Barracks (July 11); F. M. Duthie to the *Pembroke*, for Royal Naval Hospital, Great Yarmouth.

Surgeon Lieutenant L. G. Yendoll to be Surgeon Lieutenant-Commander.

Surgeon Lieutenants L. A. C. Herron, C. D. Coode, M. M. J. Enright, and P. O'Brien have had their seniorities antedated to January 7, 1937.

Surgeon Lieutenants B. S. Lewis to the *Tedworth*; E. J. Littledale to the *Pembroke*, for Royal Naval Barracks; M. Cay to the *Southampton* (June 24), and to the *Victory*, for Royal Naval Barracks; C. L. Blacklock, S. E. Cooke, P. S. Edgecombe, J. Patterson, and A. G. G. Toomey to the *Victory*, for Royal Naval Barracks; C. J. Roberts to the *Resolution*; M. M. J. Enright to the *Furious*; R. M. Kirkwood to the *Pembroke*, for Royal Naval Barracks.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant-Commanders J. E. Lloyd-Morris to the *Victory*, for Royal Naval Hospital, Haslar; W. McO. Macgregor to the *Exmouth*; A. R. Thomas to the *Victory*, for Royal Naval Hospital, Haslar; A. Elliott to the *Rodney*; A. S. Pearson to the *Pembroke*, for Royal Naval Hospital, Chatham; T. C. Stevenson to the *Sheffield* (June 6) and to the *Victory*, for Royal Naval Hospital, Haslar (June 20).

Surgeon Lieutenants H. J. Wade to the *Revenge*; L. Foster to the *Sheffield*; J. L. M. Wood to the *Iron Duke*.

Probationary Surgeon Lieutenants R. M. Heggie to the *Caledonia* and R. M. Calder to the *Ramillies*.

C. E. B. Rickards, H. W. Clegg, and W. A. E. Kershaw to be Probationary Surgeon Lieutenants and attached to List 1 of the Mersey Division.

ARMY MEDICAL SERVICES

Colonel D. F. Mackenzie, D.S.O., late R.A.M.C., having attained the age for retirement, has been placed on retired pay.

Lieutenant-Colonel W. A. Frost, O.B.E., from R.A.M.C., to be Colonel.

ROYAL ARMY MEDICAL CORPS

Major G. P. Kidd, M.C., to be Lieutenant-Colonel.

Lieutenants E. W. O. Skinner and D. G. Levis to be Captains.

W. J. A. Craig to be Lieutenant (on probation).

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leaders G. W. McAleer to R.A.F. Station, Dhibban, Iraq, for duty as Senior Medical Officer; R. G. Freeman to Headquarters, No. 26 (Training) Group, Hendon, for duty as Medical Officer.

Flight Lieutenant G. O. Williams to be Squadron Leader.

Flight Lieutenant J. W. Patrick to R.A.F. Hospital, Cranwell.

Flying Officer A. Muir to be Flight Lieutenant with seniority May 3, 1937.

Flying Officer J. P. Brazil to be Flight Lieutenant.

Flying Officer S. Kent to Medical Training Depot, Halton.

H. H. S. Brown, J. I. Mitchell Smith, H. P. R. Smith, and K. C. P. Smith have been granted short service commissions as Flying Officers for three years on the Active List.

R. C. Jackson has been granted a short service commission as a Flying Officer for three years on the Active List, and has been seconded for duty to Guy's Hospital.

AUXILIARY AIR FORCE: MEDICAL BRANCH

I. R. Jones to be Flight Lieutenant.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Captain B. R. Crossley, from Supplementary Reserve of Officers, R.A.M.C., to be Major.

SUPPLEMENTARY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Lieutenant R. L. Sadler, from Supplementary Reserve of Officers, South Staffordshire Regiment, and J. H. Lawrence to be Lieutenants.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel and Brevet Colonel D. W. Boswell, T.D., to command the 3rd (Eastern) General Hospital.

Captains R. G. Morrison, J. H. Dunn, J. Robertson, and C. R. L'E. Orme to be Majors.

Captain W. U. D. Longford has resigned his commission and retained his rank.

Captain I. R. Jones has resigned his commission on appointment to the Auxiliary Air Force.

Lieutenants G. S. Scott, M.C., late 1st Battalion the King's Regiment, and A. G. McCallum to be Captains.

2nd Lieutenant R. G. W. Ollerenshaw from 42nd (East Lancashire) Divisional Signals to be Lieutenant.

N. Baster, late Officer Cadet, Leeds University Contingent, Senior Division, O.T.C., A. E. K. Price, late Officer Cadet, University of London Contingent, Senior Division, O.T.C., J. A. Ross, late Cadet, Liverpool College Contingent, Junior Division, O.T.C., R. Okell, late Officer Cadet, Oxford University Contingent, Senior Division, O.T.C., E. B. Hacking, late Cadet Corporal, Charterhouse School Contingent, Junior Division, O.T.C., G. M. R. Duffus, J. W. M. Owen, W. A. Lochhead, G. M. Komrower, W. M. Davidson, R. G. P. Evans, P. J. Gibbons, C. H. Davies, G. N. Watson, J. W. Osborne, N. Pyecroft, H. J. A. Richards, and D. M. Hughes to be Lieutenants.

R. E. Norrish, late Officer Cadet, Perse School Contingent, Junior Division, O.T.C., to be Lieutenant for duty with Medical Unit, University of London Contingent, Senior Division, O.T.C.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Lieutenant-Colonel A. H. D. Smith, M.C., T.D., from Active List, to be Lieutenant-Colonel.

Captain D. R. Hood, from Active List, to be Captain.

Captain A. W. D. Leishman, from supernumerary for service with O.T.C., to be Captain.

INDIAN MEDICAL SERVICE

Captain G. R. M. Apsey to be Major.

Major K. H. A. Gross has been appointed Agency Surgeon in Bundhelkhand.

COLONIAL MEDICAL SERVICE

The following appointments are announced: P. E. M. Clarke, M.B., B.Ch., B.A.O., Medical Officer, British Honduras; W. A. Glynn, M.R.C.S., L.R.C.P., Medical Officer, Nyasaland; N. H. Skelton-Browne, M.R.C.S., L.R.C.P., Medical Officer, Gibraltar; W. Hughes, M.D., B.A.O., Medical Officer, Nigeria; B. N. V. Wase-Bailey, M.B., Ch.B., D.P.H., D.T.M. and H., Chief Medical Officer, Barbados; P. A. Clearkin, M.D., D.P.H., Bacteriologist and Pathologist, British Guiana; W. F. Samuels, L.M., Medical Superintendent, St. Ann's Mental Hospital, Trinidad.

Important Notice concerning Appointments

The attention of medical practitioners is drawn to the important notice concerning appointments which is published each week in the advertisement columns of the *Journal*. This notice asks practitioners to communicate with the Secretary of the British Medical Association before applying for any of the appointments listed therein. It appears this week at page 57.

Table of Official Dates

June 28, Tues.	Other items for inclusion in A.R.M. printed Agenda must be received at Head Office by this date.
July 15, Fri.	Annual Representative Meeting, Plymouth.
July 16, Sat.	Annual Representative Meeting, Plymouth.
July 18, Mon.	Annual Representative Meeting, Plymouth. Council, Plymouth.
July 19, Tues.	Annual Representative Meeting, Plymouth. Annual General Meeting, Plymouth; President's Address.
July 20, Wed.	Council, Plymouth. Meetings of Sections, etc., Plymouth. Conference of Honorary Secretaries and Overseas Conference, Plymouth.
July 21, Thurs.	Meetings of Sections, etc., Plymouth. Annual Dinner of the Association, Plymouth.
July 22, Fri.	Meetings of Sections, etc., Plymouth and Torquay.
July 23, Sat.	Meeting of Sections, Torquay.

Branch and Division Meetings to be Held

BORDER COUNTIES BRANCH.—At Maryport Town Hall, 2.30 p.m., and Cumberland Infirmary, 8 p.m., Tuesday, June 21. Air raid precautions lectures by Dr. P. J. Delahunty, Home Office Instructor for the Newcastle-upon-Tyne area.

ESSEX BRANCH.—At Chelmsford Hospital, Wednesday, June 22, 6 p.m., and at Saffron Walden Hospital, Thursday, June 23, 8 p.m. Air raid precautions lectures by Lieutenant-Colonel W. F. Tyndale.

KENT BRANCH.—At Royal Star Hotel, Maidstone, Wednesday, June 22, 2.45 p.m. Annual General Meeting, election of officers, etc. Preceded by a reception at 12.30 p.m., and a luncheon at 1 p.m., followed at 3.10 p.m. by a visit to Maidstone Zoo.

LANCASHIRE AND CHESHIRE BRANCH.—At Hotel Metropole, Blackpool, Thursday, June 23, 2.30 p.m. Annual general meeting, election of officers, etc. Presidential address by Dr. S. Laurie Smith: "Notes on Brucella Infection." Preceded by lunch at 1 p.m. and followed by a visit to the New Victoria Hospital and golf at Royal Lytham St. Anne's course.

LANCASHIRE AND CHESHIRE BRANCH: BLACKBURN DIVISION.—At Accrington Town Hall, Monday, June 20, and Friday, June 24, at 8.45 p.m. Air raid precautions lectures by Dr. L. T. Challenor, Home Office Instructor for the Liverpool Centre.

LINCOLNSHIRE BRANCH.—At Albion Hotel, Lincoln, Thursday, June 23, 2 p.m. Annual General Meeting, election of officers, etc. Preceded by luncheon at 1 p.m., and followed by visits to Lincoln Cathedral and Ruston and Hornsby Engineering Works, Lincoln.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—At B.M.A. House, Tavistock Square, W.C., Friday, June 24, 8.45 p.m. Symposium: "Co-operation within the Profession," to be opened by Sir William Wilcox. The following speakers will take part in the subsequent debate: Viscount Dawson of Penn, Dr. W. A. Daley, Dr. James Fenton, Dr. G. C. Anderson, Dr. E. A. Gregg, and Dr. Alfred Cox.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.—At Frascati's Restaurant, Oxford Street, W., Thursday, June 23, 6.30 p.m. Annual General Meeting. Followed by dinner.

NORTHERN COUNTIES OF SCOTLAND BRANCH.—At Royal Marine Hotel, Nairn, Saturday, June 25. Annual general meeting. Preceded by lunch at 12.45 p.m. and followed by golf at Nairn Golf Course.

STAFFORDSHIRE BRANCH: SOUTH STAFFORDSHIRE DIVISION.—Golf at Beaudesert Golf Club, Rugeley, Sunday, June 19.

SUSSEX BRANCH.—At Grand Hotel, Eastbourne, Wednesday, June 22, 2.15 p.m. Annual General Meeting, election of officers, etc.

POSTGRADUATE NEWS

The Fellowship of Medicine announces the following courses: medicine, surgery, and the specialties at Prince of Wales General Hospital, June 27 to July 9; proctology at St. Mark's Hospital, July 4 to 9; urology at All Saints' Hospital, July 11 to 30; dermatology at Blackfriars Skin Hospital, July 11 to 23; intensive course of instruction on rheumatic disorders and applied hydrotherapy at Devonshire Royal Hospital, Buxton, July 9 and 10; heart and lung diseases at London Chest Hospital, July 16 and 17; general anaesthesia for dental surgery at Eastman Dental Clinic, July 18 to 23 (the course is open to medical practitioners as well as to dental surgeons, and the number attending will be strictly limited). Full particulars of all courses can be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics and Operations. *Mon.*, 4.30 p.m., Dr. Sharpey-Schafer, Diseases of the Ductless Glands. *Tues.*, 4.30 p.m., Dr. Andrew Topping, Diagnosis and Disposal of Fever Cases from the General Practitioner's Standpoint. *Wed.*, 12 noon, Clinical and Pathological Conference (Medical); 2 p.m., Prof. J. H. Dible, Pathological Changes in the Body Produced by Certain Poisons; 3 p.m., Clinical and Pathological Conference (Surgery); 4.30 p.m., Prof. J. C. Drummond, Practical Aspects of Modern Vitamin Research. *Thurs.*, 2.15 p.m., Dr. Duncan White, Radiological Demonstration. *Fri.*, 2 p.m., Clinical and Pathological Conference (Obstetrics and Gynaecology).

FELLOWSHIP OF MEDICINE AND POSTGRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*St. Peter's Hospital*, Henrietta Street, W.C.: All-day Course in Urology. *West End Hospital for Nervous Diseases*, Welbeck Street, W.: Afternoon Course in Neurology (suitable for M.R.C.P. candidates). *Princess Elizabeth of York Hospital for Children*, Shadwell, E.: Sat. and Sun., Course in Children's Diseases. *Preston Hall*, near Maidstone: Sat., Demonstration on Pulmonary Tuberculosis.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—*Thurs.*, 2 p.m., Dr. R. S. Frew, Mental Deficiency; 3 p.m., Dr. D. N. Nabarro, Congenital Syphilis. Out-patient Clinics, mornings, 10 a.m. to 12 noon. Ward Visits, afternoons, 2 p.m. to 3.30 p.m.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, S.W.—*Mon.*, 5 p.m., Sir Frederick Hobday: Comparative Medicine. *Thurs.*, 5 p.m., Dr. Anthony Feiling: Neurological Demonstration.

SOUTH-WEST LONDON POSTGRADUATE ASSOCIATION.—*Wed.*, 3 p.m., visit to the Grand Priory, St. John's Gate, Clerkenwell, conducted by Mr. H. W. Fincham.

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—*Fri.*, 5 p.m., Artiss and Gale Lecture by Prof. John Beattie, Recent Work in Experimental Surgery.

BRITISH PSYCHOLOGICAL SOCIETY: MEDICAL SECTION.—At B.M.A. House, Tavistock Square, W.C., *Wed.*, 8.30 p.m. Dr. Karin Stephen, Danger Situations Underlying Anxiety.

MEDICO-LEGAL SOCIETY.—At 26, Portland Place, W., *Thurs.*, 8.30 p.m. Ordinary meeting.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY.—At Royal Society of Medicine, 1, Wimpole Street, W., *Wed.*, 5 p.m. Prosser White Annual Oration by Prof. Charles Flandin: Recent Advances in Leprosy and the Methods Adopted for Dealing with the Problem in France.

VACANCIES

All advertisements should be addressed to the Advertisement Manager and NOT to the Editor.

RESIDENT POSTS

ASHTON-UNDER-LYNE: DISTRICT INFIRMARY.—(1) Surgical Officer. (2) Casualty H.S. (male). (3) H.S. Salaries £200 p.a., £180 p.a., and £150 p.a. respectively.

BARNLEY: BECKETT HOSPITAL AND DISPENSARY.—J.H.S. (male). Salary £150 p.a.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—C.O. (male). Salary £150 p.a.

BATTERSEA GENERAL HOSPITAL, S.W.—(1) H.P. (2) H.S. Females. Salaries £130 p.a. each.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—H.S. Salary £130-£150 p.a.

BIRMINGHAM CITY.—Whole-time Medical Superintendent for Winson Green Division of City Mental Hospital. Salary £1,100 p.a.

BOLTON ROYAL INFIRMARY.—H.S. Salary £150 p.a.

BRADFORD CHILDREN'S HOSPITAL.—H.S. (female). Salary £150 p.a.

BRADFORD: ROYAL INFIRMARY.—Assistant Radium Officer (male, unmarried). Salary £175 p.a.

BRIDGE OF WEIR: CONSUMPTION SANATORIUM AND COLONY FOR EPILEPTICS.—M.O. (male). Salary £200 p.a.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—Casualty H.S. (male, unmarried). Salary £120 p.a.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—H.S. (male) for Special Departments. Salary £125 p.a.

CHICHESTER: ROYAL WEST SUSSEX HOSPITAL.—(1) Senior H.S. (2) J.H.S. Salaries £175 p.a. and £125 p.a. respectively.

COVENTRY AND WARWICKSHIRE HOSPITAL.—H.S. Salary £150 p.a.

DERBYSHIRE HOSPITAL FOR SICK CHILDREN.—H.S. (female). Salary £130 p.a.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.—(1) Senior H.S. (2) Second H.S. Males. Salaries £200 p.a. and £150 p.a. respectively.

DONCASTER ROYAL INFIRMARY.—Casualty H.S. (male). Salary £150 p.a.

DOVER: ROYAL VICTORIA HOSPITAL.—H.P. (male) with charge of Casualty Department. Salary £120 p.a.

DURHAM COUNTY HOSPITAL.—H.S. (male). Salary £150 p.a.

EALING BOROUGH.—Whole-time A.M.O. (female) for Maternity and Child Welfare Services and Perivale Maternity Hospital. Salary £450-£25-£550 p.a.

EAST SUSSEX COUNTY COUNCIL.—A.M.O. (male, unmarried) for Southlands Hospital, Shoreham-by-Sea, near Brighton. Salary £300 p.a.

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—(1) H.P. (2) First H.S. (3) Second H.S. (4) Third H.S. (5) Obstetric Assistant. Females. Salaries £50 p.a. each.

ESSEX COUNTY COUNCIL.—J.M.O. for Oldchurch County Hospital, Romford. Salary £250 p.a.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Surgical Officer (male). Salary £250 p.a.

GLASGOW ROYAL INFIRMARY.—M.O. for Canniesburn Auxiliary Hospital. Salary £200 p.a.

GLOUCESTER: GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—(1) H.P. (male). Salary £150 p.a. (2) Two H.S.s (males). Salaries £150 p.a. each.

GRIMSBY AND DISTRICT HOSPITAL.—Surgical Officer (male). Salary £225 p.a.

HASTINGS: ROYAL EAST SUSSEX HOSPITAL.—Senior H.S. (female). Salary £200 p.a.

HAVERFORDWEST: PEMBROKE COUNTY WAR MEMORIAL HOSPITAL.—H.S. Salary £200 p.a.

HEREFORDSHIRE GENERAL HOSPITAL.—H.P. (male). Salary £100 p.a.
 HERTFORD COUNTY HOSPITAL.—H.S. (male). Salary £200 p.a.
 HOSPITAL FOR TROPICAL DISEASES, Gordon Street, W.C.—H.P. (male). Salary £120 p.a.
 HOSPITAL OF ST. JOHN AND ST. ELIZABETH, 60, Grove End Road, N.W.—H.P. (male). Salary £100 p.a.
 HOUNSLOW HOSPITAL, Staines Road, Middlesex.—H.P. and C.O. (male). Salary £100 p.a.
 HUDDERSFIELD ROYAL INFIRMARY.—H.S. (male). Salary £150 p.a.
 HULL ROYAL INFIRMARY.—Second C.O. (male). Salary £150 p.a.
 ILFORD: KING GEORGE HOSPITAL.—Medical Registrar (male). Salary £150 p.a.
 IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—H.S. (male) to Orthopaedic and Fracture Department. Salary £144 p.a.
 JEWISH MATERNITY HOSPITAL, Underwood Street, E.—M.O. Salary £75 p.a.
 KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL.—J.H.S. (male). Salary £100 p.a.
 KING'S LYNN: WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL.—Surgical Officer. Salary £300 p.a.
 LEAMINGTON SPA: WARNEFORD GENERAL HOSPITAL.—Senior Surgical Officer. Salary £200-£250 p.a.
 LONDON COUNTY COUNCIL.—A.M.O. (Grade II) (male, unmarried) for Colindale Hospital, The Hyde, Hendon, N.W. Salary £250 p.a.
 LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL.—(1) H.S. (2) H.P. Males, unmarried. Salaries £150 p.a. and £125 p.a. respectively.
 MAIDSTONE: KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL.—Ophthalmic H.S. (unmarried). Salary £200 p.a.
 MAIDSTONE: WEST KENT GENERAL HOSPITAL.—H.S. (male, unmarried). Salary £175 p.a.
 MANOR HOUSE HOSPITAL, Golders Green, N.W.—J.M.O. (male, unmarried). Salary £200 p.a.
 MEXBOROUGH: MONTAGU HOSPITAL.—H.P. (female). Salary £125 p.a.
 MIDDLESBROUGH COUNTY BOROUGH.—Assistant M.O.H., Maternity and Child Welfare to reside at Municipal Maternity Hospital. Salary £350-£25-£700 p.a.
 MIDDLESEX COUNTY COUNCIL.—Whole-time A.M.O. (Surgical) for West Middlesex County Hospital, Twickenham Road, Isleworth. Salary £400-£25-£475 p.a.
 NOTTINGHAM CITY.—M.O. for Isolation Hospital, Hucknall Road. Salary £250 p.a.
 NOTTINGHAM: GENERAL HOSPITAL.—C.O. and H.S. (males). Salaries £150 p.a. each.
 NUNEATON GENERAL HOSPITAL.—Surgical Officer (female). Salary £275 p.a.
 OXFORD: WARNEFORD HOSPITAL.—Physician Superintendent (male). Salary £1,000 p.a.
 OXFORD: WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL.—H.S. (male). Salary £100-£120 p.a.
 PLYMOUTH CITY.—M.O. (unmarried) for Mount Gold Orthopaedic and Pulmonary Tuberculosis Hospital. Salary £300 p.a.
 QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.—Casualty and Out-patient Officer (male, unmarried). Salary £150 p.a.
 ROTHERHAM HOSPITAL.—Casualty H.S. (male) with charge of Out-patients. Salary £150 p.a.
 ST. JOHN'S HOSPITAL, Lewisham, S.E.—H.S. (male). Salary £100 p.a.
 ST. MARY'S HOSPITAL, W.—Casualty H.S. Salary £100 p.a.
 SHREWSBURY: ROYAL SALOP INFIRMARY.—Two H.S.s (males, unmarried). Salaries £160 p.a. each.
 STAFFORDSHIRE GENERAL INFIRMARY.—Second H.S. Salary £175 p.a.
 WALSALL GENERAL HOSPITAL.—H.S. (male). Salary £150 p.a.
 WESTMORLAND SANATORIUM, near Grange-over-Sands.—J.A.M.O. Salary £300 p.a.
 WORCESTER ROYAL INFIRMARY.—(1) H.P. (2) Anaesthetist. (3) H.S. Salaries £150 p.a., £140 p.a., and £120 p.a. respectively.

NON-RESIDENT POSTS

BRISTOL ROYAL INFIRMARY AND BRISTOL GENERAL HOSPITAL.—Hon. Assistant S. for Joint Fracture and Orthopaedic Department.
 DREADNOTH HOSPITAL, Greenwich, S.E.—Half-time Receiving Room Officer (male). Salary £150 p.a.
 EMPIRE RHEUMATISM COUNCIL, 1, Mitre Court Buildings, Temple, E.C.—Research Fellow. Salary £750 p.a.
 HORNSEY CENTRAL HOSPITAL, Crouch End, E.—Whole-time Hon. Radiologist.
 LEEDS PUBLIC DISPENSARY AND HOSPITAL.—Hon. S.
 LONDON HOSPITAL, E.—Anaesthetist for Dental Department. Honorarium £25 p.a. per session.
 LUTON: BUTE HOSPITAL.—Surgeon in charge of Fracture Clinic. Salary £500 p.a.
 MANCHESTER ROYAL INFIRMARY.—A.M.O. for Dermatological Department. Salary £35 p.a.
 METROPOLITAN POLICE, New Scotland Yard, S.W.—Senior Dental S. Salary £700-£50-£1,000 p.a.
 NORTH KENSINGTON WOMEN'S WELFARE CENTRE, 12, Telford Road, Ladbrooke Grove, W.—Hon. Clinic Assistant (female).
 PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, North Kensington, W.—(1) Hon. Assistant P. (2) Hon. Assistant P. and Physician-in-Charge of Child Guidance Clinic.

SOLDIERS', SAILORS', AND AIRMEN'S FAMILIES ASSOCIATION, 23, Queen Anne's Gate, Westminster, S.W.—M.O. for Maternity Home at Devonport. Salary £500-£600 p.a. according to experience and qualifications.
 SUNDERLAND: DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY.—Whole-time H.S. Salary £350-£50-£450 p.a.

UNCLASSIFIED

ABERDEEN ROYAL MENTAL HOSPITAL.—Assistant P. (male). Salary according to previous experience, but not less than £400 p.a.
 BIRMINGHAM CITY.—(1) Whole-time Physician for Dudley Road Hospital. Salary £650-£50-£900 p.a.
 CROYDON COUNTY BOROUGH.—(1) Whole-time Senior Dental S. (male). (2) Whole-time Assistant Dental S. Salaries £600-£25-£700 p.a. and £450-£25-£550 p.a. respectively.
 DERBYSHIRE COUNTY COUNCIL.—Whole-time Assistant County M.O.H. (male). Salary £700-£25-£800 p.a.
 HAMPSTEAD GENERAL HOSPITAL, Haverstock Hill, N.W.—Surgeon to Out-patients.
 HOLLAND (LINCOLNSHIRE) COUNTY COUNCIL.—Whole-time Assistant M.O.H. (male). Salary £600-£25-£700 p.a.
 HONG KONG UNIVERSITY.—Chair of Obstetrics and Gynaecology. Salary £1,000-£25-£1,250 p.a.
 HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Half-time Medical Registrar. Salary £150 p.a.
 LANCASHIRE MENTAL HOSPITALS BOARD.—Whole-time Deputy Medical Superintendent for County Mental Hospital, Prestwich, near Manchester. Salary £750-£25-£850 p.a.
 LEICESTER ROYAL INFIRMARY.—Biochemist in charge of Biochemical Laboratory. Salary £250 p.a.
 MIDDLESEX COUNTY COUNCIL.—(1) Whole-time A.M.O. Salary £600-£750 p.a. (2) Locumtenent Pathologist for North Middlesex County Hospital, Silver Street, Edmonton, N. Salary £1 ls. per day resident, or if non-resident £9 9s. per week.
 NEWCASTLE-UPON-TYNE CITY AND COUNTY.—Whole-time Senior Child Welfare Officer. Salary £750-£937 10s. p.a.
 ROYAL NORTHERN HOSPITAL, Holloway, N.—Ophthalmic Registrar. Honorarium £50 p.a.
 ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, High Holborn, W.C.—Refraction Officers. Salaries £100 p.a. each.
 SUDAN MEDICAL SERVICE.—Junior British Laboratory Assistant (male, unmarried) for Stack Medical Research Laboratories, Khartoum. Salary £E324 or £E360-£E780 according to age and qualifications.
 SUNDERLAND COUNTY BOROUGH.—Whole-time Assistant M.O.H. and Assistant School M.O. Salary £500-£25-£700 p.a.
 WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Full-time Radiologist. Salary £700 p.a.
 WOLVERHAMPTON EDUCATION COMMITTEE.—Full-time Senior Assistant School M.O. Salary £700-£850 p.a.

To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings.

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, and 61 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 58 and 59.

APPOINTMENTS

ALLAN, FRANCIS G., M.B., F.R.C.S., Honorary Assistant Orthopaedic Surgeon, Children's Hospital, Birmingham.
 CHARTERHOUSE RHEUMATISM CLINIC, 94, Hallam Street, W.—Honorary Clinical Assistants: Douglas Andrew, M.B., Ch.B., James Cyriax, M.B., M.Chir., Raymond Greene, D.M., D. W. Seth-Smith, M.R.C.S., L.R.C.P.
 LONDON COUNTY COUNCIL.—The following appointments have been made in the Council's mental services at the hospitals indicated in parentheses: *Deputy Medical Superintendent*: S. W. Hardwick, M.D., D.P.M. (West Park). *First Assistant Medical Officer*: E. T. O. Slater, M.B., D.P.M. (Maudsley).

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTHS

ARUNDELL.—On June 7, 1938, at Aston Grays, Bournemouth, to Eve, wife of Captain S. W. K. Arundell, M.R.C.S., L.R.C.P., Royal Army Medical Corps, a daughter.
 FROST.—On June 10, to Molly, *née* Ryan, wife of Laurence Stanfield Frost, M.B., Ch.B.Ed., Oaklands, Llanhilleth, Mon., a son.

DEATH

BAILDON.—On June 13, at a nursing home, Francis Joseph, M.B., C.M.Ed., of 11, Rawlinson Road, Southport, husband of Sophia Mercer Baildon. Private funeral and no flowers by his special request.